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**INFLUENCE OF NURSES' ORGANIZATIONAL CITIZENSHIP
BEHAVIORS AND EMPOWERMENT ON THE QUALITY OF CARE:
A LITERATURE REVIEW**

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ABSTRACT

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Name of thesis INFLUENCE OF NURSES' ORGANIZATIONAL CITIZENSHIP BEHAVIORS AND EMPOWERMENT ON THE QUALITY OF CARE: A LITERATURE REVIEW		
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<p>The purpose of this thesis was to describe known factors contributing to a positive and functional environment among nurses, with special focus on its relation to the quality of care. A key goal was to explain the link between empowerment and organizational citizenship behaviors in relation to improved care outcomes. The aim of the thesis was to differentiate the responsibilities associated to the nurses and their managers for the creation and upholding of a healthy working climate that supports high quality results.</p> <p>Ten research articles from scientific journals were examined to complete the literature review. These articles were found through the databases Academic Search Elite, CINAHL, Ovid, Science Direct, and Sage Premier. The data has been analyzed using a narrative approach, because this technic is the most efficient when exploring diverse research information. The review has demonstrated that relational leadership styles have a positive connection to structural empowerment and subsequently to psychological empowerment, what generates constructive extra-role behaviors and ultimately improves the quality of care provided. While task-oriented leaders may hinder both structural and psychological empowerment elements, resorting negatively on nurses' discretionary behaviors and producing poor quality outcomes. Nurse managers are the main responsible of creating a supportive climate that facilitates team collaboration, evidence-based implementations, and improved patient outcomes. Thus, nurses respond to empowerment strategies with commitment, autonomous criteria, organizational citizenship behaviors, and high-quality care.</p> <p>The conclusions of this study are useful to construct a functional and sustainable care team. Likewise, the review findings can be adopted to formulate guidelines on how to correct dysfunctional or low-quality healthcare environments and to increase job satisfaction, nurse retention, and client attraction levels.</p>		
Key words Empowerment, nurses, organizational citizenship behaviors, quality, relational leadership, teamwork, trust, working environment.		

ABSTRACT

CONTENTS

1 INTRODUCTION.....	1
2 THEORETICAL FRAMEWORK.....	4
2.1 Organizational Citizenship Behaviors.....	4
2.2 Empowerment	5
2.2.1 Leadership Styles	7
2.2.2 Management Responsibilities.....	12
2.3 Quality of Care	14
2.3.1 Defining Quality of Care	14
2.3.2 Quality Indicatives	15
2.3.3 Measuring Quality.....	16
2.3.4 Quality and Trust	17
3 RESEARCH QUESTIONS, OBJECTIVES AND PROPOSITIONS	18
4 METHODOLOGY	19
4.1 Literature Review	19
4.2 Data Collection.....	20
4.3 Narrative Synthesis	22
4.4 Ethical Considerations	22
5 RESULTS.....	24
5.1 OCB.....	24
5.2 Structural Empowerment	26
5.3 Psychological Empowerment.....	28
5.4 Leadership.....	30
5.5 Working Environment.....	32
5.6 Team Work.....	33
5.7 Trust	34
5.8 Quality and Outcomes.....	35
5.9 Commitment and Job Satisfaction	36
6 DISCUSSION AND CONCLUSION.....	38
6.1 In what manner do OCB relate to quality care?	38
6.2 How can organizational empowerment influence the quality of care?	40
6.3 Conclusion	42

REFERENCES	45
APPENDICES	

GRAPHS

GRAPH 1. High-quality healthcare system versus unsustainable system

TABLES

TABLE 1. Articles Chosen

1 INTRODUCTION

Nursing profession is not implemented in isolation. A nurse belongs to an interdependent community. The functionality and sustainability of healthcare systems greatly depends on the quality of their human interactions. It is possible to create opportunities for nurses to promote a prolific working atmosphere, helping them to execute high quality care in their role as the final links of the care chain toward the clients. There are structural and leadership aspects that favor or prevent the exercise of constructive Organizational Citizenship Behaviours (OCB). A nurse that wants to make the difference needs to be supported to generate that change, and a nurse who has no intention to progress can be encouraged to self-actualization. Innovative results can be achieved through the establishment of adequate structural empowerment measures. Since, caring for nurses' wellbeing generates more satisfied professionals who in return take better care of their clients. (Wagner & Rush 2000; Kuokkanen, Leino-Kilpi & Katajisto 2002.)

By organizational citizenship behaviors is understood all those actions that an employee undertakes in a creative, altruistic, cooperative and natural way beyond the framework of the defined work responsibilities. They are indispensable for the subsistence of an organization but cannot be demanded. (Jasovsky 2003.) Organ (1988) conceptualized OCB structuring them into five different segments: conscientiousness, civic virtue, courtesy, altruism, and sportsmanship (Gilbert, Laschinger & Leiter 2010). On the other hand, Kanter developed the theory of organizational empowerment consisting on psychological and structural empowerment. The goal of the theory is to guide supervisors in providing employees with better access to information, back up, and provision of the needed funds to reach their professional objectives. (Spence, Finegan, Shamian & Wilk 2001.)

Previous studies have focused their interest on examining how the presence of organizational citizenship behaviors would be influenced by aspects such as job satisfaction, salary, or trust in colleagues and supervisors (Wagner et al. 2000). While concerning organizational empowerment, the intent of existing articles is mainly to study its direct impact on work satisfaction or the working atmosphere among nurses (Spence et al. 2001). Nevertheless, there is not, to my knowledge, a descriptive study combining the influence of nurses' organizational citizenship behaviors and empowerment, to directly observe how it ultimately relates to the quality of care offered to the clients. Therefore, this literature review aims to fill that gap.

Nursing science trends and the change of theoretical framework perspectives may present a restraint to convey relevant data comprehensively. Likewise, a possible limitation to this study is the fact that there is extensive amount of material that has not been recently linked together. This represents a challenge since the data timeline varies and the outcomes, though similar, had not been given correlation because of the research time gap and the difference of perspectives. OCB had been broadly studied, but not so much in recent years. And empowerment has come back to fashion parallel to the study of leadership styles within nursing. This very fact makes me be very interested on conveying two lines of thought that come up with similar conclusions. Additionally, another limitation is the unfamiliarity and complexity of concepts. Nonetheless, the practicality and assiduity of the subject, which surrounds every nurse in everyday basis, demands for clarification. And for this reason, the present literature review is significant. Therefore, it is my intention to translate the theory and sociological conceptualization into usable tools to be acknowledged and implemented easily.

The purpose of this study is to describe known factors contributing to a positive and functional environment among nurses (a surrounding which promotes OCB), and how it consequently resorts into the quality of care. Thus, it will be explained the link between empowerment and OCB in relation to improved care outcomes. The aim of the thesis is to differentiate the responsibilities associated to the nurses and their managers for the creation and upholding of a healthy working climate that supports high quality results. It is intended to rise an awareness of the building blocks needed to jointly improve nurses' work environment and thereby patient outcomes. Making those elements clearer, it is hoped that they would be more easily used in practice for the improvement of care. The initial presumption held prior to the review completion is that an adequately empowered nurse is enhanced to exercise productive OCB, resulting in an improved quality of care towards the clients.

The review will clarify the components of a prolific working climate and the level of involvement required from each agent involved. In doing so, the main causes that sustain a high-quality environment will be explained. Consequently, the effects of those causes will be made evident. Unsustainable working environments focus more on expecting outcomes from the nurses without investing on the originating sources of those outcomes, which are directly related to the leadership strategies. Quality of care is a consequence of multiple elements working together, and not an isolated entity. Therefore, to better understand how to facilitate the improvement of care, it is necessary to investigate the elements that united promote the obtention of the desired

outcomes. (Fitzpatrick & Glazer 2013.) This study is important because it will present a distinction between working climates that yield capacitated, satisfied nurses who offer high quality service, in contrast to environments where professional nurses are exhausted, unsupported and wishing to leave. Those tired nurses end up offering low quality service and generating poor perception of care among the clients (Laschinger, Shamian & Thomson 2001).

The interactions between nurses and their supervisors will be examined to determine their influence on the quality of care. Then, it will be observed how the leadership style displayed by the supervisors might favor or hinder a trustful environment in which the nurses feel capacitated to exercise their profession to the full extent. Since leaders have direct influence on the structural and psychological aspects of empowerment. (Bawafaa, Wong & Laschinger 2015.)

During my years of work experience in fields other than nursing and my short history as nurse, I have enjoyed both positions of staff member and leader. Having assumed both roles I was given the opportunity to perceive many of the needs and challenges related to them. I have observed, for example, that the setting of common goals can unite a group and motivate them towards effectiveness. My personal interest to engage on this research is to examine the different mediators that are necessary from each of the mentioned sides to excel in the care outcomes. In this study, quality of care is presented as the common goal for both supervisors and nurses. I seek to focus on the aspects that unite forces and favor the reaching of that goal. Likewise, my intention is to compare my personal experience with the evidence-based data and conclude suggesting usefulness to this knowledge.

2 THEORETICAL FRAMEWORK

2.1 Organizational citizenship behaviors

Barnard's primary definition of OCB goes back to 1983, where OCB was described as workers' disposition to engage in making practically effective the resolutions reached. Especial consideration was placed on behaviors extending beyond the explicit frame of assigned work responsibility. Later, in 1988, Organ classified OCB in five dimensions to expand the definition of beneficial employee's extra-role behaviors. **(1) Altruism:** This section encloses behaviors that are directly intended to help, support and facilitate fellow workers in the completion of chores or the solving of problems. Altruism refers to unselfish free willing contributions that profit others; for example, easing up a colleague's task overload when needed without making a number out of it. **(2) Conscientiousness:** It relates to the nonmandatory behavior of carefully following the norms and being sharp and aware of details. It is an individual quality evidenced by, for example, attending faithfully to work, coming on time, not leaving earlier than stipulated, respecting the designated break times, and keeping corporative guidelines when there are no witnesses around. **(3) Sponsorship:** This is a ready disposition to endure dysfunctional or unwanted situations while restricting oneself from non-constructive manners such as constant and futile complaints. It deals with giving up own benefits for the sake of the common good, while keeping a constructive and peaceful approach despite of not being treated or considered as desired. **(4) Courtesy** involves behaviors that are intended to prevent others from being tangled into an undesired conflict, such as notifying and reminding early enough scheduled appointments, or asking others before acting. And **(5) with civic virtue** it is understood the active and collaborative involvement in the organizational development through, for example, being present on the meetings and sharing innovative ideas at the seminars without actively or passively hindering the progress. (Gilbert et al. 2010; Zehir, Muceldili, Altindag, Sehitoglu & Zehir 2014.)

Nurses carry out OCB along their professional tasks to cultivate a functional and positive working atmosphere. OCB have the capacity of increasing group communication, commitment, and collaboration. As a result, the organization functions more efficiently and patient outcomes are improved. Likewise, there is a clear contrast between the most efficient nurses who show obvious OCB, and those nurses who do not exhibit OCB, since the later ones are more prone to

provide lower quality care than the others. Besides, there are more easily found undesired behaviors on nurses who do not display OCB than on those who do. The standard of care expected by the clients is very demanding, and a positive team work spirit helps reaching those expectations through the display of OCB. (Young 2017.)

When nurses are committed and linked emotionally to their work team, harms and errors decrease. Quality standards rise when there is collegiality and nurses are actively willing to offer help and support to their colleagues. This support is particularly extended to the health organization through the aspect of flexibility, by embracing unexpected turnabouts smoothly. OCB are needed but not required, they are willing choice behaviors without direct institutional reward. Yet, the supervisor plays an important role in creating an environment that facilitates the appearance of OCB. (Vogus & Iacobucci 2016.)

In health care settings, the promotion of OCB can resort in offering an improved service to the clients (Gilbert et al. 2010). Without those nurses that exhibit abundant OCB any health care organization would collapse. It is their actions, attitudes, and willingness to go past the limits what nurtures advance and progress. (Siew, Guek & Wilks 2014.) According to research findings, supervisors can promote OCB by considering the level of work satisfaction of the nurses, as well as building trust, emphasizing responsible engagement, and cultivating a prolific atmosphere that entices mutual exchange and cooperation. Moreover, encouraging teamwork and rewarding group outcomes are suggested as means of enhancing the desired working climate. (Wagner et al. 2000.)

2.2 Empowerment

Nurses carry out a very demanding job in which constant changes, workload, client's critical conditions, and burnout affect the quality of care provided. These particular conditions influence the way nurses feel about their jobs. Thus, it is crucial that the nurses would be supported by their leaders to increase their work satisfaction and consequently the quality of the outcomes. A proven strategy to achieve these results is through empowerment. The figure of the nurse manager is vital to exercise empowerment due to the interactive position they find themselves in. The social skills of the leader improve the working environment of the nurses, which in turn decreases the turnover intentions. (Bawafaa et al. 2015.)

Nurses are empowered when they are provided the following four empowering elements described by Kanter (1993) in his organizational empowerment theory: **(1) Opportunities:** Availability of options and conditions to improve in professional understanding and proficiency. There should exist challenging enough objectives to promote competence and increase benefits. **(2) Resources:** Adequate supply of anything needed and when needed, in terms of equipment, manpower, economy, or time, so that the job would get efficiently done. **(3) Information:** Practical teaching, guidelines, laws, strategies and evidence-based knowledge indispensable to execute nursing implementations. And **(4) support:** through a leader who can inspire, guide, create vision, offer good advices, and provide feedback and any assistance required so that positive client results would be reached. However, when nurses lack these empowering structures, they develop a sense of despair that affects their levels of motivation, commitment and productivity. On the contrary, when these structural empowering components are present, nurses are more autonomous and efficient. Their decision-making processes are more fluent, what is made evident by the improvement of care quality and client outcomes. (Bawafaa et al. 2015; Boamah 2018.)

Organizational empowerment involves the means used to improve production and effectivity. The concept of empowerment has its ideological origin in the desire to facilitate more influential power to each member of a group. This is achieved through acknowledgement of labor and an increased effort to improve the area of human resources. (Kuokkanen et al. 2002.) Structural empowerment explains the aspects that influence a specific working setting, and psychological empowerment (PE) focuses on employees' reactions to those environmental factors. PE should come as a result of the existence of structural empowerment. (Spence et al. 2001.)

Conduct and attitudes are influenced by the internal impression of empowerment known as psychological empowerment. PE is effective when the nurse perceives that he/she is carrying out a meaningful profession and feels skillful and autonomously capable of bringing forth positive outcomes. When the nurse feels inwardly empowered, automatically directs actions and attitudes towards the achievement of goals. Even more, research evidence has proven that PE decreases the rate of burnout in nurses. (O'Brien 2011.)

When dealing with empowerment in healthcare settings, Kuokkanen suggests five classifications to define the areas where nurses' empowerment is observed: moral principles, personal integrity, expertise, future-orientedness, and sociability. In the section named moral principles

are grouped personal values such as respect and individual worth. Personal integrity comprises a balanced view and management of self; being aware of personal strengths and weaknesses and being mindful of own wellbeing. Expertise refers to the value given to the full spectrum of professional skills and proficiency of the nurse. Future-orientedness deals with the ability to suggest or be open to new constructive and developing ideas. And finally, sociability describes qualities such as involvement, flexibility, and capacity to generate and sustain a comfortable and prolific working atmosphere. These observable qualities act as measuring units that evidence the lack or existence of empowerment among nurses. (Kuokkanen et al. 2002.)

Both the quality of care and clients' perception of care are influenced by the individual capacities of the nurses, which can be improved through organizational empowerment (Kuokkanen et al. 2002). When the health organization provides an empowering structure, nurses are more likely to engage in the functioning and development of the work environment, resulting in improved patient outcomes. In return, the institution will be benefited by the positive attitudes of the nurses and higher levels of efficiency. (Spence et al. 2001.)

There is abundant scientific evidence that demonstrates the direct connection between empowerment, work satisfaction, trust, participation, and decreased intentions to leave the job. When nurses' autonomy is enhanced through empowerment, not only it increases the sense of purpose on the nurses, but it also has repercussions on care quality and patient safety. Empowerment enables each nurse to implement upgraded and safer quality practices. Even more, empowered environments back up the exercise of collegiality, a life-long learning approach, and a self-directed professional style. (Boamah 2018.)

2.2.1 Leadership styles

Nowadays, leadership in healthcare settings is gradually implemented and viewed as a joint social progression in which the leading role and responsibilities are shared among multiple members of a plurally professional group. Distributed leadership is characterized by the creation of common goals, equal participation in the decision-making processes, and a fair assigning of resources. Framing the concept of distributed leadership are found various relational leadership styles that favor the empowerment of the nurses. Those leading styles focus on

positive relationships among the care team members and a climate of fluent cooperation. (Günzel-Jensen, Jain & Kjeldsen 2018.)

The quality of the working atmosphere substantially depends on the capacities and implementations of the nurse manager. There is likewise a direct relation between this positive environment and the effectiveness of the outcomes. The fact that nurse managers usually have had a long experience as staff nurses favors the mutual understanding and collaboration among the nursing team. (Weaver, Sublett & Leahy 2016.) Leadership styles that focus on relationships and implement empowerment through the promotion of supervisor-nurse exchanges, directly influence the commitment of the nurses. Organizational empowerment likewise increases nurses' clinical performance and sense of fulfilment. (Bawafaa et al. 2015.) An excellent nursing environment cannot be achieved without adequate leadership input. Task oriented leadership styles propitiate only limited results, while leadership styles that focus on relationships, such as authentic and transformational styles, maximize the results within healthcare. (Cumings, Tate, Lee, Wong, Paananen, Micaroni, & Chatterjee 2018.)

Authentic Leadership

One of the focuses of the leadership style known as authentic leadership is to promote a relationship with the employees in which is provided greater support and empowerment to them. For this reason, authentic leadership is suggested to be effective. Nurses identify their manager's leading authenticity when the information is openly shared without favoritisms, and it is ethically correct. Then, the nurses feel part of the decision-making process, their job satisfaction is higher, and the professional outcomes increase in quality. A leader is considered authentic when naturally combines broad experience with emotional skills, moral values, and fosters constructive activities by considering each single individual and being aware of own actions and attitudes. The authentic leader has nothing to hide, and has gained trust by being equitable, open to new perspectives and challenges, portraying ethical exemplarity, and relating to others with a balanced self-opinion. (Wong & Laschinger 2013.)

Charismatic Leadership

Charismatic leaders are generally open to change and innovation and can inspire people with their gifting, enthusiasm, and personality so that they make others desire to join what appears to be out of the ordinary. There is a substantial link between charismatic leadership and OCB. A leader with charisma has the potential to generate a positive ethical standard. When ethical principles are prevalent in a nursing team, the OCB of altruism in particular is more evident. In addition, the charismatic leader can psychologically connect with the emotional state of the nurses and become a source of inspiration to them, which in return results in OCB being exhibited. A charismatic leader has the ability to smooth out relationships so that it is displayed a generalized willingness to help each other. When charismatic leadership is present, it is fostered a sense of belonging and commitment that results in positive clinical outcomes. (Zehir et al. 2014.)

Resonant Leadership

A resonant leader possesses abundant emotional intelligence, excels in relationships, involves others in the achievement of goals, and is engaged in mentoring and supporting. Resonant leaders exhibit high levels of empathy and create an environment that favors empowerment and work satisfaction. Furthermore, resonant leadership stimulates autonomous commitment to improve outcomes. This is a positive style of leadership that places priority on relationships and emotions. As part of being emotionally intelligent, a resonant leader effectively manages own emotions and successfully channels other people's emotional momentum. Fostering positive emotions, the leader achieves a rebound or resonance from the nurses, reflected on high work performance. Likewise, the optimistic atmosphere generated by the resonant leader results in improved commitment levels. Even more, a resonant leader applies fair economical treatment and shows socio-cultural awareness. This kind of leader becomes an inspiration for everyone to rise the care standards. (Bawafaa et al. 2015.)

Servant Leadership

The leading capacity of the managers together with the sense of empowerment that the nurses experience, increases nurses' trust on both leaders and the institution. Outcomes of research show how the exercise of servant leadership rises nurses' trust levels. Similarly, psychological tiredness, negative atmosphere, and burnout decrease when the leader supports the employees and a trust connection has been established. Servant leadership has a specific role in the nursing field, since its premise is to serve and consider others individually. (Bobbio & Manganeli 2015.) A serving leader is a good listener who chooses to believe the good in others and trusts in every member of the care team. This kind of leader is altruistic and thinks on the benefit of others rather than self yet is brave to face injustice. A servant leader uses creativity and implements broad leadership styles according to the needs. Also, a servant leader is self-motivated and promotes democracy, what encourages nurses to engage in their jobs and causes them to be more satisfied. (Gunnarsdóttir 2014.) The goal in servant leadership is to help others through honest interest and not to use others to reach achievements. Lastly, a servant leader places great emphasis on perfecting own attitudes and actions. (Bobbio et al. 2015.) Interestingly, there is not a consistent direct empirical relationship between servant leadership style and work performance (De Waal & Sivro, 2012).

From Transactional to Transformational Leadership

The nurse manager is often insufficiently prepared for the demands of the position. Since there are leadership skills that go beyond the initial accomplishment of goals. That lack of capacitation results in the progressive change of leadership stiles as maturity and experience come into play. The initial and main leadership approach taken by a novice nurse manager is generally transactional leadership. (Witges & Scanlan 2014.) This leadership style needs transactions between leader and subordinates affecting behavior and communication among individuals. The leader motivates the followers to reach goals and resolve conflicts through behavior and interpersonal exchanges. (La Monica 2013.) This kind of leadership is focused on operative results. A useful tool in transactional leading style is the usage of reward incentives upon accomplishments. Therefore, the leader needs to clearly state the conditions to earn rewards.

For a successful progress there should be established clear and structured plans of progression. Then, a functional transaction between the parts ensures trust and promotes the implementation of a new leadership style, which is transformational leadership. (Witges et al. 2014.)

In transformational leadership the leader formulates and nurtures a long-term collective vision. The leader is capable of inspiring those who follow him/her. The leader uses charisma to make the followers extend beyond themselves towards a collective gain. (La Monica 2013.) The use of charisma is defined as idealized influence. This kind of leader also presents him/herself as an example to follow and goes beyond the basic responsibilities. Transformational leadership is shown practically in the fact that the leader does not centralize power in own position but seeks to develop new leaders that would by themselves carry on vision and prepare others to do the same. However, a challenge in this implementation is to maintain a productive level of satisfactory results. The functionality and productivity of the nursing group rests on the previously established transactional foundations. Clear structure and individual transactions should remain active so that the transformational leadership approach would not collapse. (Witges et al. 2014.)

On the other hand, the condition where the leader avoids responsibility, holds back decision making or evades acting according to the need, is referred as laissez-faire leadership, or absence of leadership. The theory that distinctively studies these three leadership approaches, transactional, transformational and laissez-faire leadership is known as Full-Range Leadership Theory. (Witges et al. 2014.)

Central to this literature review is the concept of transformational leadership. Because trust and respect are built upon cultivated relationships, and that determines willingness to portray OCB and pursue a common goal. In transformational leadership there is an element of mutual encouragement between the supervisor and the nurses. The ethical behavior and moral standards set by the leader are eminent. Even more, the ideals behind the actions of a transformational leader are in prominent display. These leaders present a clearly defined vision with the aid of eloquence and any visual and technological element available to inspire such vision. Everyone's opinions in decision making and problem solving are welcomed and valued, keeping thus a high level of participation from each integrant of the team. Finally, the transformational leader offers individualized mentoring. Every member is appreciated and treated according to their specific needs. A transformational leader seeks to help everyone in reaching their

maximum potential. When these aspects are implemented, the result is an empowering environment in which everyone attains more than initially anticipated and commits beyond the original expectations. (Boamah 2018.)

2.2.2 Management Responsibilities

It is considered that the most important quality of a nurse manager is being able to keep nurses motivated and attaining objectives. When the nurses have an adequate level of motivation they reach goals faster, hence cutting organizational costs. Especially, when objectives are completed the workers feel more satisfied. Employee satisfaction is also enhanced by providing encouraging assessment and compensations for achievements. (La Monica 2013.)

A key component for being a successful nurse manager is the specific characteristics of the individual. Aspects such as enthusiasm, vision, recognition of opportunities, and a personal development drive make the difference. (Weaver et al. 2016.) Individual abilities like the charisma of the leader play a central role in the sustainability of a healthcare institution. The leader's own personality traits influence directly on the working atmosphere, the quality of care offered, and on the level of satisfaction of the nursing staff. Besides, part of the responsibility of the manager is to cautiously bring back constructive feedback to the nurses, both positive and negative. That quality of character is highly appreciated. (Witges et al. 2014.)

A nurse manager should be able to spot out problems, set clear goals, and generate opportunities for development. There should be made available the physical means to achieve the goals, as well as an adequate environment to solve conflicts. To create and maintain a functional and progressive group work, it is indispensable to establish clear rules and boundaries. In addition, it is useful to present achievable goals depending on both individual and collective specificities of the group. (La Monica 2013.) An effective leader considers others, possesses operative communication skills to share and create common vision, develops trust through integrity and holding up professional standards, and empowers others producing chances of change and improvement. (Fitzpatrick & Glazer 2013.) Leadership entails collaboration within a multi-professional team for the solving of problems and the renewal of the healthcare systems. (Wood Johnson Foundation Committee 2010).

A leader that is respected involves other members of the team in the decision-making processes and generates opportunities for others to develop their leadership skills. A leader has succeeded when has been able to develop others. This is done by generating climates that promote everyone's advancement and by recognizing the individual and collective achievements. (Hansen-Turton, Sherman & Ferguson 2007.) A relevant task of a nurse manager is to seek and recognize leadership abilities in others in order to delegate responsibilities and promote the advance of future leaders. But this identification and mentoring of potential new leaders is not adequately put in practice. (Weaver et al. 2016.) A leader should understand that he/she cannot complete the work alone, and that without others around to achieve a goal there would not exist the need for a leader (Hansen-Turton et al. 2007).

To be able to capacitate others, the leader needs to communicate effectively and make others understand the vision and goal. Furthermore, a positive leader involves others in the the creation and pursue of the collective objectives. When the vision ownership is shared, commitment and unity are present. Also, the individual values and standards of the leader can motivate others to strive for quality. It is with experience that it is learned the skill to empower others so that their abilities would be freely exercised and improved. (Feldman & Greenberg 2005.)

Quality care involves active team work in which each member participates and challenges perspectives, but when clarified commits to the guidelines. Hence, effective care teams are characterized by acknowledgement of each member's abilities. Performance is affected by being mindful on how own attitudes and behaviors influence others. Furthermore, a climate of collaboration nurtured by an empowering leader advances the quality of care, since collaboration is extended to the clients and their input is central to their care. (Fitzpatrick et al. 2013.)

A collaborative and functional job atmosphere is directly related to the quality of care. It is then an essential part of leadership to promote healthy relationships. It helps being an open leader, who seeks mutual agreements to sustain patient outcomes, and who can receive criticism. By addressing the health professionals as individual human people, the leader can encourage them to freely exercise their profession, generating higher work satisfaction. Clinical implementations, evidence-based knowledge, skills, attitudes and manners combined are equal contributors to the quality of care delivered. (Duffy 2013.)

Nursing leadership is an active cooperation between group members, not a monologue forced upon inert blind followers of a discourse. Modern leaders are teachers and not dictators, those who empower rather than those who command orders, those who connect rather than those who are controlling everything, not an all-knowing individual but a constant learner, not independent agents but interdependent, not those who exclude but those who include others. This kind of leaders transform and generate positive change, essential within health care organizations. If the nursing team has a goal, the leaders' responsibility is to favor the achievement of that goal. Therefore, when nurses feel supported, their creativity and motivation will rise, and with it the quality of care. A transformational leader can empower even through outcomes failure, since it impels everyone to analyze what went wrong and why, making out of it a positive learning experience for planning an improved strategy. (Feldman & Greenberg 2005.)

2.3 Quality of Care

This section intends to present a clear understanding on the definition of quality of care. Also, relevant means of measuring healthcare quality are examined, placing dedicated emphasis on clients' perception on the quality of care received. And finally, the aspect of trust between nurses and their supervisors is addressed, due to its direct connection with the quality of care and patient outcomes.

2.3.1 Defining quality of care

It is not easy to define quality of care. There have been many intents to synthesize the concept, and in occasions the statements can be contradicting depending on the perspective chosen (Harris-Wehling 1990). Nonetheless, the World Health Organization (WHO) embraces the Institute of Medicine (IOM) committee's definition which describes quality of care as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." According to this definition, quality is a measurable factor that aims to improve the health, whether by preventing, curing or facilitating the care individually or collectively. This can be done by implementing up to date evidence-based care strategies. (WHO 2018.)

The Agency for Healthcare Research and Quality (AHRQ 2011) refers to quality as providing the needed services, when needed, and using the right procedures to reach the best possible outcomes. In the extreme spectrum of patient-centered approach, quality is then whatever clients and their loved ones define it to be. (Kelly, Vottero & McAuliffe 2014.) Quality is not an achieved status, but a constant process of learning and improving that is ultimately reflected in the practice. (Duffy 2013)

2.3.2 Quality Indicatives:

Likewise, WHO embrace IOM's seven distinct components of quality in health care, which are:

- (1) **Effectiveness:** Care interventions founded on proven evidence-based science. Complying with well researched protocols. Keeping the client informed and involved along the care process, professionally sustaining the reasons behind the individual care plan.
- (2) **Safety:** Reducing damage to the minimum. Diminishing the harms and errors that can be prevented by strictly following secure pathways.
- (3) **People-centeredness:** Client's desires, opinions and rights are respected and kept as a priority. There is a constant flow of communication. Every request and inquiry of the clients are carefully listened and answered. And it is encouraged clients' involvement along the entire care plan development. Thus, patients' self-determination is promoted.
- (4) **Timeliness:** The provision and reception of care should be fluent and with the least possible waiting periods. Health providers would be on alert to identify health urgencies and react accordingly. A functional multi-professional system should be in place to favor adequate management of appointments. And concrete information regarding reduced waiting times might be given.
- (5) **Equity:** Absence of favoritism or discrimination is ensured regardless of the object of the care. Professionalism and quality standards remain constant and unaffected by any agent. The single motivation must be the health promotion and desired outcome of every client while maintaining unbiased priorities.
- (6) **Integration:** Organized synchronization between support agencies and/or health services is needed. Therefore, the client will be offered the right care, from the right provider, and at the right time.

- (7) **Efficiency:** Maximizing resources by preventing their misuse. Tests are not to be repeated since electronic records are safely shared and made available. Also, the use of generic medication is recommended. And each member of the multidisciplinary care team would be competent in their specialties. (WHO 2018.)

2.3.3 Measuring Quality

To achieve excellence in quality care it is important to have indicative standards defining best practice care. The goals and plans of specific care should be decided with a multidisciplinary team consensus. (Claire 2017.) Quality in health care cannot be attained unidirectionally. It is a common process which involves multiple professionals. Each member of the plural team is interdependent, and decisions and actions need to be taken together. (Kelly et al. 2014).

When objective quality indicators are used within the health institutions, nurses are then involved in self-evaluation processes to measure the quality of the care they provide. This level of participation affects not only single individuals but the entire care team. As a result, safer practices are implemented. For this to happen there is need of constant education and proper reporting habits. (Souza & Cruz 2017.)

Already in 1989, Donebedian, who established the basis of health care quality measurements, stated that the most important issue when assessing quality is the end results of the care. Yet, strong emphasis was placed on organizational aspects such as structural characteristics, processes, and outcomes; leaving uncovered factors such as delivering a patient centered care, communication, information flow, or a multi-professional common development. (Berwick & Fox 2016.)

To help differentiating between the quality control systems applied in the business world and the health care environment, there were formed background theories and frameworks based on research. Nursing science has dedicated much of its content to the study of those theories. (Pelander 2008.) Yet, recently those theories have been sidelined. Nonetheless, theories evolve and adapt to the changing needs of a dynamic society, and they remain a relevant groundwork to this study. Each nurse is encouraged to be able to create theory, by this is understood the gathering of scientific knowledge that would be backed up with practice and

experience. Therefore, nursing science is, in few words, actions supported by evidence-based knowledge and not merely philosophic ideas. (Manhart 2017.) The abundance of quality measuring factors (technical, psychological, structural, subjective impressions, gender, age, etc.) makes it complicated to set a pattern or universal evaluating tool to estimate the quality of nursing care. Nonetheless, in Finland, professor Leino-Kilpi developed a measuring scale that has been adopted with variants in Sweden. The measuring scale was called “Good Nursing Care.” It is built following action theory and it consists of six classifications. (Pelander 2008.) The central focus of action theory is understanding and predicting human behavior. It is therefore a useful theory in the nursing field as our behaviors directly influence our health condition and that of those around us. (Dos Santos, Freitag & Teixeira 2007.)

Measuring quality has shifted from a quantitative professional perspective to a more qualitative emphasis, based on the point of view of the patients. Consequently, the relevance of measuring factors varies. By gathering and examining patients’ perspectives, experiences, and level of satisfaction on the care received, it is possible to identify areas where quality can be improved. And doing so the expectations of both organization and consumers can be matched. (Rehnström, Christensson, Leino-Kilpi & Unosson 2003.)

2.3.4 Quality and Trust

The nurse manager is largely responsible of building a link of trust within the ward staff. This trusting connection between nurses, managers and the organization is affected by elements such as competence and responsibility. Without those aspects, there is dysfunctional cooperation. On the contrary, high-quality care is offered when there is a fluent exchange of information and opinions, active assignment of responsibilities, and confidence in the professional safeguard of privacy and confidentiality. When the organization considers everyone separately, and the previously mentioned specific attributes are present, the consequences are good manager-nurse interaction, more flexibility, and increased effectiveness. But a lack of trust is associated with low quality of care. (McCabe & Sambrook 2014.) When the working conditions are favorable to the nurses, the job satisfaction increases, while the burnout cases and intentions to leave decrease. The nurses feel more satisfied at work when empowerment measures facilitate their autonomy. In addition, good cooperation with the doctors helps reaching organizational aims, and it resorts into higher quality care. (Laschinger et al. 2001.)

3 RESEARCH QUESTIONS, OBJECTIVES AND PROPOSITIONS

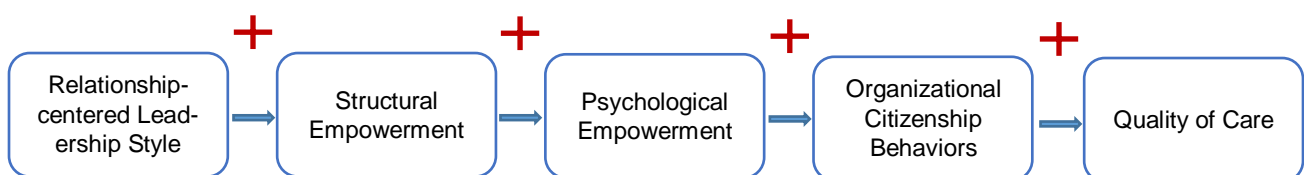
The purpose of this study is to describe known factors contributing to a positive and functional environment among nurses (a surrounding which promotes OCB), and how it consequently resorts into the quality of care. Thus, it will be explained the link between empowerment and OCB in relation to improved care outcomes. The aim of the thesis is to differentiate the responsibilities associated to the nurses and their managers for the creation and upholding of a healthy working climate that supports high quality results. It is intended to rise an awareness of the building blocks needed to jointly improve nurses' work environment and thereby patient outcomes. Making those elements clearer, it is hoped that they would be more easily used in practice for the improvement of care. The initial presumption held prior to the review completion is that an adequately empowered nurse is enhanced to exercise productive OCB, resulting in an improved quality of care towards the clients.

The research questions of this study are:

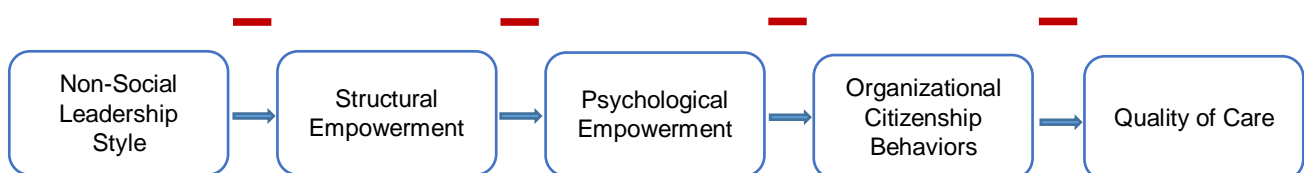
1 In what manner do OCB relate to quality care?

2 How can organizational empowerment influence the quality of care?

Proposition 1



Proposition 2



4 METHODOLOGY

4.1 Literature review

A literature review is an impartial analysis of compiled scientific research information on a particular topic. A literature review serves two main functions; one, to summarize the already existing knowledge on a specific subject; and another, to evidence possible gaps and contradictions. This helps the construction of new or fresh perspectives built upon trustworthy evidence. (Jensson, Matheson & Lacey 2012.) By revising the literature, a researcher can spot out breaches in knowledge by clarifying what is already known about a precise research question. At the same time, the analysis of the current knowledge prevents research duplication. (Chang 2010.)

A literature review facilitates the obtaining of well-focused studies. Through the study of current literature, we can encapsulate broad knowledge into a more comprehensible yet detailed format. This way it is possible to evaluate and clarify the outcome with a critical point of view and integrate it into the answering of a specific research question. (Murray 2011.) The overall understanding of diversified knowledge helps us implementing the results of the evidence practically. Conducting a literature review gives us the confidence that we have not neglected or dismissed relevant studies. (Gough, Oliver & Thomas 2012.) Literature reviews are needed to validate the legitimacy of the methodology used in a research paper. Literature reviews as well, support the construction of theoretical frameworks, vital to build up a reliable research. (Chang 2010.)

We cannot intend to rise the quality of nursing care without the support of evidence-based knowledge. Researchers need the outcomes of literature reviews to continue conducting their research. Therefore, literature reviews are critical to the development of research theory. By examining what other researchers have written, applicational aspects of the theory are then evidenced. Apart from gathering information and help forming a research, literature reviews are crucial when formulating up-to-date nursing interventions and guidelines for the application of scientific knowledge within health care settings (Chang 2010).

4.2 Data collection

The articles have been initially inspected based on their titles. The next validating checkpoint was the content of their abstracts. Lastly, after undergoing the exclusion process, the full text of the remaining 28 articles was examined to determine their final eligibility. To be included, the articles' content had to deal directly with either OCB or/and empowerment, in relation to the quality of care. Recurrent concepts appeared such as relational leadership, task-oriented leadership, work satisfaction, safety, support, trust, effectiveness, and burnout among others. Special attention was given to studies that investigated how the leader-nurse interaction influences quality of care and patient outcomes. As result of this process only ten articles were selected for the current literature review.

The ten research articles from scientific journals were found through the databases Academic Search Elite, CINAHL, Ovid, Science Direct, and Sage Premier. The study is based on original data and not on reviews or case studies. The chosen year frame is from the year 2010 to 2018, and only in English language. The articles are linked to full text and are peer reviewed. Additional information explaining inclusion-exclusion criteria and the search process appears on page 21.

Although I am mainly reviewing quantitative research articles, I do include a relevant qualitative research. For this reason, I have chosen a narrative approach to analyze the data. Because this technic is the most efficient when exploring diverse research information. Since the narrative approach combines the results of heterogeneous research methods into a comprehensive body of evidence, indistinctively and successfully mixing qualitative and quantitative studies. Moreover, a narrative synthesis favors the collection and description of current knowledge, making evident what has been already researched, the validity of those studies, and recognizing gaps in knowledge. (Lucas, Baird, Arai, Law & Roberts 2007.) A narrative approach is the most trustworthy method of bringing together mixed data into a clear summary. This kind of synthesis is carried on using written words to give a reason for the discoveries found after reviewing the sources. Specific numerical data is not a priority, but the conclusions presented on a story-like format. This way a narrative approach is suitable for giving a clear conclusion from a variety of combined research methods. It understandably displays a broad range of information into a solid composition. (Popay, Roberts, Sowden, Petticrew, Arai, Rodgers, Britten, Roen & Duffy 2006.)

Inclusion criteria:

- Peer reviewed full text original articles in English language.
- Latest year of publication 2010.
- Only from the field of nursing.
- Quantitative and qualitative studies.
- Related to the research topic.

Exclusion criteria:

- Literature reviews.
- Related to school nurses, homecare nurses or midwives; since their work environments are more independent, and it is not appropriate for drawing general applications of the findings.
- Abstracts, other disciplines, different languages, earlier than 2010, nonscientific, repeated articles, and unrelated to the research questions.

Search process: (Last search date 17 August 2018)

- | | | | | |
|--|---|--|---|----------------|
| 1. Search words:
<i>OCB, nurse & hospital</i> | { | Academic Search Elite: 122 articles
CINAHL: 35 articles
OVID: 3 articles
Sage Premier: 1428 articles
Science Direct: 433 articles | } | Total = 2021 |
| 2. Search words:
<i>Empowerment & nurse</i> | { | Academic Search Elite: 73 articles
CINAHL: 460 articles
OVID: 1847 articles
Sage Premier: 18910 articles
Science Direct: 13001 articles | } | Total = 34291 |
| 3. Search words:
<i>Quality of Nursing care</i> | { | Academic Search Elite: 1069 articles
CINAHL: 1089 articles
OVID: 88 articles
Sage Premier: 31374 articles
Science Direct: 13001 articles | } | Total = 112528 |
4. Once the exclusion criteria were applied, out of a total of 148840 articles, only remained 139. After reading the abstracts of those 139 articles, a pre-selection of 28 studies was left. Once the full text of the 28 articles was inspected, only 10 were selected for the present literature review based on their content.

4.3 Narrative synthesis

In this review I have followed the narrative process suggested by Popay et al. (2006). The analytic progression is sequential and flexible. It comprises the following four stages:

1. Coming up with a theoretical understanding to clarify what elements intervene in the study and in what measure. It mostly takes place during the selection of the articles.
2. Forming an initial summary of the findings. Constructing an organized list of factors that favor or hinder the object of the study within the data.
3. Examining correlations among the discoveries, to understand the reasons behind the found effects.
4. Evaluating the consistency, strength, and validity of the synthesis with the purpose of drawing general conclusions and to present suggestions for implementations.

This approach is useful to evidence the sequence of actions in a problem or study question. It also shows the reasons behind recognized categories and the level of involvement of each element. (Popay et al. 2006.)

The processing of the data was carried on making a one-page summary of the discussion and conclusion sections of each research under review. After the ten pages were completed, nine colors were designated to identify the structuring themes. Then, each content related to a defined group was underlined with the corresponding color. Subsequently, a preliminary file was created for each research article, where the information was disseminated according to themes and in order of relevance. And finally, once all the reviewed studies followed the same process, the compound findings associated to each of the nine themes were gathered under the same title in a comprehensive fashion and presented in the results section. The final conclusions of this literature review are presented both in a narrative way and schematically in GRAPH 1 (APPENDIX 1).

4.4 Ethical considerations

Any research is required to comply with universal ethical principles that ensure the veracity and accuracy of the investigation process. Compliance with ethical guidelines ensures reliability, quality and legitimacy of the work. (TENK 2012.)

An ethically responsible study is honest, thorough, and accurate regarding any aspect of data extraction, information management and presentation of results. Honesty ensures that only truth would be told, and that the research outcomes are fair and worthy of trust. This not only refers to personal conduct and knowledge of the nursing practices, but also involves obeying the national rules and regulations. For example, researchers are enticed by law to carefully observe the decrees concerning data protection. Integrity in research entails transparent and accessible records along the investigation. The data is to be objectively evaluated and does not neglect relevant information. Therefore, the new knowledge formed can be considered scientific. Likewise, plagiarism and omission of credit to the original sources is unacceptable. Any party involved in the formation of the research should be adequately mentioned. In addition, there should be considered aspects such as financing and conflicts of interest. Furthermore, institutional authorization and legal permits should back up the entire course of the research. (Davis, Tschudin, Hunt, et al. & Olsen 2003; Siviter 2013 & TENK 2012.)

Similarly, regard for the society is an ethical premise. Communities in general might be affected by the repercussions of nursing research. For this reason, there should be addressed and adequately managed possible challenges for the implementation of the new knowledge, as well as the consequences of the strategies based on the nursing studies. The health condition of an entire society might be affected, and thus the responsibility is paramount. However, ignoring individuals for the sake of the mass can end up in unwanted suppression of rights. (Davis et al. 2003; Siviter 2013.)

5 RESULTS

The findings have been divided into nine separate themes to clarify and more distinctively bring up the research information proceeding from the reviewed studies. The nine themes found during data analysis are: OCB, structural empowerment, psychological empowerment, leadership, working environment, team work, trust, quality and outcomes, and commitment and job satisfaction.

5.1 OCB

The interaction and union that exists among nurses is usually stronger than within members of other professions. These healthy relationships known as social capital favor the exercise of OCB (Young 2017.) Boamah et al. (2017) demonstrate that the quality of emotional working atmosphere directly affects the willingness of nurses to engage on OCB. Nurses interact with their working environment influenced by how they view themselves within the work context. Therefore, nurses' balanced analysis of own capacitation and self-confidence in relation to their organizational abilities positively affects their attitudes and actions. (Laschinger et al. 2014.)

There is a differentiation between the organizational citizenship behaviors directed to the organization and those directed to the co-workers. When nurses are exhausted they limit or decrease OCB intended to the organization (OCBO), but not so evidently those positive behaviors destined to benefit other nurses. This could be explained because nurses might hold the institution responsible for their unsustainable strain, while exonerating their colleagues. Nurses subjected to pressure and exhaustion might continue going the extra mile for their peers with the sole purpose of maintaining social relationships healthy. That process becomes a self-defense strategy to manage organizational pressure. (Gilbert et al. 2010.)

Following the same logic, institutions and not colleagues are understood as the main cause of empowerment. This connection forms a sense of reciprocity towards the organization in the form of OCBO. Discretionary behaviors aiming at the organization are affected by the measure of empowerment experienced, since the organization provided the means for that empowerment. In this context, OCBO exist as a compensation for organizational empowering structures.

(Gilbert et al. 2010.) Nonetheless, the presence of OCBO does not directly imply willing involvement in organizational matters such as policy making or attendance to legislative consultations (Young 2017).

Discretionary behaviors are mostly affected by the opinion that the nurses have about the institution they work for. Those perspectives and approaches can be altered by the quality of relationships within the care team. Therefore, social capital fosters OCB, which in return boosts engagement levels. (Young 2017.) OCB are present when the nurses interpret that their leaders appreciate their input and actively care for their well-being. In other words, nurses approach their work with constructive attitudes when they feel backed up by their organizations. Specifically, OCB engagement rises when managers ensure the means for nurses to improve their expertise. (Chang 2014.)

The incidence of OCB can be boosted with corresponding organizational interventions that capacitate and support the nurses on their care role (Chang 2014). Since research evidence shows that empowered nurses exhibit an increased frequency of OCB (Gilbert et al. 2010). It has been observed that nurses are more willing to step out of their comfort zone when they are led by a transformational type of leader. Transformational leaders forge positive social capital that entices the appearance of OCB. (Young 2017.) Furthermore, rude behaviors are attenuated when nurses feel empowered and satisfied with their job (Laschinger et al. 2014).

The motivational tool of incentives might be used as a method to encourage nurses to go beyond their designated work responsibilities. However, the sustainability of this approach is questionable. (Chang 2014.) Since it is a combination of organizational empowerment and OCBO what reinforces productivity (Gilbert et al. 2010). OCB have a two-fold beneficial effect, firstly towards the clients and then towards the organization itself by acting as conflict inhibitors (Young 2017). When nurses perceive that their leaders capacitate them with empowering and supportive structures and create a favorable ground for optimal care, then nurses display OCB which are ultimately reflected on increased safety. In the end, the presence of OCB directly affects the reduction of adverse events (Boamah 2018).

5.2 Structural Empowerment

Empowered nurses are given access to participate in important decisions, freedom to guide their own work, opportunities to improve their skills, updated training prospects, provision of new connections with other professionals, increased appreciation of their position in the health care chain, public recognition, and an even share of resources. This quality of empowerment mitigates burnout, increments OCB, boosts work effectiveness and quality of care, strengthens work satisfaction, impulses desirability for other health care professionals to belong to such organization, and it represents a main client attraction factor. (Gilbert et al. 2010.)

Nurses increase their empowerment levels when there are created chances for them to take different roles within the organization, so they could experience success while changing their area of influence (Laschinger et al. 2014). Through empowerment, nurses have access to leading roles and the power is decentralized (Günzel-Jensen et al. 2016). Empowered nurses more frequently exercise their clinical leading skills. They also display greater levels of dominium and autonomy over their work, take more responsibility and gain more confidence. (Boamah 2018.) When the manager is honestly interested on the individual development of the nurses, those nurses are empowered to reach a fuller extent of their potential (Boamah et al. 2017).

Empirical data shows the important role of transformational leaders in the creation of structural empowerment. Transformational leaders ensure that the nurses would be provided with all the means to exercise their profession to the maximum extent. Moreover, empowered nurses are supported to develop their capacities and are given opportunities to increase in technical and theoretical aspects. (Boamah 2018.) Not only transformational leaders, but also those leaders that portray a resonant style make use of effective mentoring to enable individual development (Laschinger et al. 2014).

Empowerment measures are intended to give away and capacitate, rather than to restrain and limit the benefits only to the leading positions in a hierarchical system (Günzel-Jensen et al. 2016). Guidance, help, and encouragement to be involved in decision making processes are part of empowerment enterprises (Van Bogaert et al. 2016). Empowering enables every member of the nursing group to impact the organization, making an impression on the status of their care services (Günzel-Jensen et al. 2016).

Not all nurses know what empowerment really means and some have not even heard about it, even though empowering initiatives might be in progress, like training seminars directed to nurse development. Certain elements of empowerment may remain unclear, such as sources of evidence-based knowledge. It is easier for nurses to recognize the convenience of empowerment than to engage on the improvement of care quality. (Van Bogaert et al. 2016.) In addition, nurses often like more to be involved in the decision-making processes that pertain to their care implementations than participating on policy making (Breau et al. 2014). Empowerment might occasionally feel as an extra obligation when lack of time and confusing or missing information are present. Still, a clear purpose of empowerment is facilitating nurses' practice through communication flow and up to date knowledge. (Van Bogaert et al. 2016.)

The provision of structures that maintain social cohesion is another form of structural empowerment. These sustained relationships facilitate nurses' involvement in the group task dynamics. (Young 2017.) Empowerment is potentiated by the exercise of leadership styles focused on relationships (Laschinger et al. 2014). Specific attention is payed on the individual needs of the nurses, listening to them and coaching them to grow with the support of the leader and the other group members. The potential needs of the nurses ought to be foreseen when intending to accommodate effective empowering strategies. (Boamah et al. 2017.) There is substantial empirical prove to directly connect nurses' empowerment with the levels of satisfaction at work (Boamah et al. 2017). Besides, studies show that nurses that encounter structural empowerment suffer less burnout than those nurses who lack empowerment (Gilbert et al. 2010).

An elevated extent of structural empowerment translates into increased support for the nurses to execute a high-quality care practice (Laschinger et al. 2014). Empowerment improves the quality of care, because nurses are encouraged to exercise an evidence-based practice (Boamah 2018). Thus, implementation of empowering measures has a direct effect on undesired client results, since there is scientific proof that shows how empowered nurses are less involved in adverse events (Boamah et al. 2017; Boamah 2018). Likewise, nurses that have open access to empowerment structures usually interpret the care they dispense as quality service (Breau et al. 2014). Then, efforts to improve empowerment levels not only affect the ward outcomes but also the quality of each single nurses' care (Laschinger et al. 2014).

Nurses experience empowerment when they have at their disposal adequate opportunities, resources, knowledge, capacity to influence in any organizational level wanted, and freedom

to self-govern their job (Boamah et al. 2017). It is not an empowering measure to keep nurses sidelined and restrained from being able to influence the organizational development strategies (Chang 2014). When there is structural support in place, it then extends psychologically to the nurses who facilitate quality developments in practice. So, empowering measures should consider both aspects of empowerment, structural and psychological, if they are to be successful. (Boamah et al. 2017.)

5.3 Psychological Empowerment

Nurses show their psychological empowerment by evidencing a sense of purpose, meaning and identification that makes them be committed and progress with contagious determination (Boamah et al. 2017). When psychological empowerment is made effective, their beneficiaries are compelled to invest on the social context at their work places (Gilbert et al. 2010). A nurse shows that he/she is psychologically empowered when spontaneously and discretionally engages in innovative approaches to care and by strengthening groupwork synergies (Boamah et al. 2017).

A feeling of empowerment exists when there is shared vision and the leaders are able to motivate the nurses, what creates better care results (Boamah 2018). Nurses sense that they are positively empowered when they are influenced by a leader who focuses on relationships rather than on systematic task completion (Laschinger et al. 2014). Relational style of leadership has the potential of motivating nurses as they feel valued, recognized, and their work respected and appreciated (Young 2017). Nurses make more easily an impact through their work when they perceive their actions as significant, when they are in control over their activities, and by enjoying proficient expertise (Laschinger et al. 2014). Even more, the closeness and union with a leader can infuse vision and encourage nurses to initiate pioneering approaches to attain results (Young 2017).

Emotionally empowered nurses can be a source of inspiration to other nurses, for they involve others in seeking superior standards and higher quality care (Boamah 2018). Moreover, union and mutual confidence between peers generates a high perception of psychological empowerment that is evidenced in prolonged endurance under strain and high levels of efficiency and

quality of care. The existence of tight bounds between the care team members generates additional inward motivation to safeguard and toil for the social unity and achievement of common goals. This context favors fluent OCB engagement. (Young 2017.) When the nurses feel included and accepted they can more easily display constructive extra-role behaviors (Chang 2014). But, self-motivation to be creative and engage in extra-role behaviors does not last long if it is not accompanied by shared efforts towards the same goal and a positive job environment (Boamah et al. 2017).

When nurses perceive that their managers are not actively considering them and that few efforts on building supportive structures are made, these perceptions have repercussions on safety and quality of care (Boamah et al. 2017). In addition, if nurses observe that decisions have been unfairly taken and ignoring their needs and opinions, this causes frustration and gives birth to unwillingness to exhibit extra-role behaviors (Chang 2014). On the contrary, when nurses have been inspired and motivated by the leadership skills of their managers, they personalize the collective vision and direct their endeavors unto refining client care. This is easier achieved by leaders who display charisma and can influence and stimulate nurses to overcome limitations and extends beyond their settled approaches to care. (Boamah et al. 2017.)

Nurses can interiorize structural empowerment into psychological by being capacitated with up to date knowledge and skills (Boamah 2018). Nurses that feel supported act more confidently in the exercise of their profession and are more active and predispose to take on responsibility (Boamah et al. 2017). When every member of a care team feels valued and trusted on, becomes more committed and the organization prospers (Günzel-Jensen et al. 2016). Van Bogaert et al. (2016) present institutional transitions as a hinderance to empowerment; what contrasts with empirical results that demonstrate that change rather favors the creation of improved quality systems and generates new opportunities (Gilbert et al. 2010).

A resonant leader that puts emphasis on empowering everyone separately, causes a decisive effect on how psychological empowerment is perceived and on how motivation and fulfillment at work are experienced (Van Bogaert et al. 2016). Accordingly, nurses with elevated psychological empowerment are more satisfied at work than those who lack psychological empowerment (Laschinger et al. 2014).

5.4 Leadership

The role of leaders within nursing environments is capital to the entire society, since their interactions with their nursing groups affect not only the general working surrounding, but also the individual nurses that are the ultimate link between the care system and the clients (Laschinger et al. 2014). It should not be overlooked the relevance of leadership input in the construction of empowering health care environments (Breau et al. 2014).

Transformational leadership plays a pivotal role in capacitating nurses to invest on the social and professional common good (Young 2017). Transformational leaders directly affect the manifestation of OCB, since they make efforts to transfer structural empowerment into psychological empowerment within their circle of influence (Boamah et al. 2017; Boamah 2018). A main role of a manager is to forge a cohesive system founded on shared trust regardless of the position or responsibility of the group member. Positive leaders are aware that the development of confident relationships resorts in the increment of constructive extra-role behaviors. (Young 2017.)

Relational leaders transform work climate through cultivation of healthy individualized relationships with the nurses. Getting to know well the group members, recognizing evident extra-role behaviors and rewarding them, nurtures a functional synergy and sets precedent. (Young 2017.) Leaders are observed by their followers, and their behaviors influence the quality of working atmosphere (Boamah et al. 2017). To attain relevant support structures, leader-nurse exchange should be prolific, and knowledge effectively transmitted. But when there are gaps between the ideologies or institutional decisions and the practical implications that pertain to care delivery, then unsettledness, insecurity, and unwillingness to participate appear. That climate of disorientation and lack of clarity inhibits desired goals from being reached. (Van Bogaert et al. 2016.) Irresponsible and subjective leadership has harmful effects on the care systems and processes (Chang 2014). Yet, leaders that keep their word and seek more the benefit of others than their own, gain credibility (Günzel-Jensen et al. 2016).

Leaders are responsible of keeping up healthy relationships and promoting collaboration between every team member. Even more, for the obtention of the intended results, empowering managers ought to forge both the climate and the logistic systems that permit the desired advance. (Breau et al. 2014.) Despite of the evolution of leadership approaches, it should not be

obviated the retention of professional values along the structural changes (Laschinger et al. 2014).

Positive relational leadership styles, such as transformational and authentic, are linked to improved quality of care and high work satisfaction levels. Relational leaders directly improve the nursing proficiency and quality of service among their teams. (Boamah et al. 2017.) Positive leaders create work environments that minimize the adverse event accounts promoting a safer care environment for the clients (Boamah 2018). Even more, evidence-based care standards are endorsed by such leaders, who also encourage independent problem solving, critical thinking, and do not allow that new initiatives would be easily dismissed without being brought up for public discussion. (Boamah et al. 2017.) A relational leader seeks and values any concern from or about the care team (Breau et al. 2014).

Empowering Leaders are those who bestow more control over the design, framework and suitability of the nursing procedures to the nurses (Gilbert et al. 2010). The role of an empowering leader is that of making possible, providing, and facilitating the means for co-workers to reach their maximum potential. Also, empowering leaders encourage others to develop their expertise by changing their roles and activities. (Günzel-Jensen et al. 2016.) The recognition and help of the managers can improve the way nurses approach their work (Breau et al. 2014). In addition, an empowering leading strategy can focus on using goals to improve nurses' confidence at work rather than avoiding the setting of goals. Furthermore, work tasks and objectives can be better accomplished if the nurses are provided with education, reassurance, advocacy, resources, positive feedback, and contact with exemplar professionals to learn from. (Laschinger et al. 2014.)

Solid data demonstrates the correlation between resonant leadership and work satisfaction among nurses. The positive influence of resonant leadership style on professional climate generates psychological empowerment, resulting in improved behaviors and decreased emotional exhaustion. This way, resonant leadership is associated with lower burnout accounts (Laschinger et al. 2014). When the leaders are reachable and close to the nurses, it is formed a sense of collegiality that enhances autonomous work, interprofessional collaboration, and mutual appreciation (Breau et al. 2014). Resonant leaders are approachable and are not afraid of receiving negative feedback, since their main goal is not themselves but the obtention and retention of work climates that support effective teamwork (Laschinger et al. 2014).

5.5 Working Environment

The working atmosphere is determinant to enable efficient empowering results (Van Bogaert et al. 2016). A positive working atmosphere capacitates nurses to be more effective in their profession. In supportive climates, nurses initiate discretionary activities according to the care standards and improve their clinical and relational proficiency. Therefore, a consequence of healthy working environments is improved patient outcomes. (Boamah 2018.) Studies demonstrate that the obtention of positive results in health care is more feasible under empowered work climates (Laschinger et al. 2014). Thus, working environments that are healthy result into safer and higher quality care (Boamah 2018).

The main responsibility of creating a healthy working environment rests on the manager's shoulders. It cannot be expected results and OCB if the manager does not work to provide the means for those desired outcomes. (Boamah et al. 2017.) Environments can be improved in a joint effort, yet the leaders are responsible of setting the foundation for that progression to take place (Young 2017). When it exists a supportive environment there is more collaboration and effectiveness, and OCB are manifest (Boamah 2018). Similarly, cultivated working environments release organizational pressure from the nurses and capacitates them to choose citizenship behaviors as an option (Gilbert et al. 2010). So, flourishing working environments are essential to accomplish high quality care delivery (Breau et al. 2014).

Among the environmental aspects that influence job satisfaction are found leadership style, supportive structures, social relationships, and accomplishments (Breau et al. 2014). When peers treat each other rudely, there is exponential risk of encountering burnout cases. None the less, there is a more solid link between organizational empowerment and nurses' exhaustion than between incivility and burnout. This means that adequate empowering levels can positively counteract the appearance of uncivil conduct among nurses. Even more, the positive attitude of a leader can ensure prolific civil environments where nurses feel empowered and identified. (Laschinger et al. 2014.)

Nurses' well-being depends on the nature of the working climate, for healthy working atmospheres can lift the well-being of the care team members (Laschinger et al. 2014). This is demonstrated by the fact that intentions to leave the job decrease when general empowerment elements are transferred into supplying the individual needs of the nurses (Boamah et al.

2017). Nurses' perception of a healthy work environment depends on the availability of empowering conditions such as open opportunities, resourceful backing, and position within the organization. Also, a low remunerated nurse is not a fully satisfied nurse. (Breau et al. 2014). In addition, the social surrounding involving care team members may conditionate the sense of empowerment they feel and the ability to reach agreements with counterparts (Van Bogaert et al. 2016). Due to the relevance of an enriching surrounding, it should be acknowledged that professional interdependence must be built upon trust (Günzel-Jensen et al. 2016).

5.6 Team Work

There cannot be identified empowerment if the interactions between leader-nurse/nurse-nurse are not healthy (Van Bogaert et al. 2016). Poor social relationships within the group members generate conflicts, promote passiveness, and produce a sense of hopelessness and impotence that is made evident through inadequate nurse retention and insufficient client outcomes. On the contrary, healthy social interactions among a care team build a sense of belonging and capacitation that produces clear results on attitudes, productivity, and quality of care. (Young 2017.) Furthermore, clear communication facilitates a smooth transition from dated patterns of work into more current ones. (Van Bogaert et al. 2016).

Empowered nurses build strong relationships that favor improvement of care results (Boamah 2018). An elevated amount of good relationships is associated with informal power and it creates opportunities for collaborative work and the exercise of OCB. Informal power is the capacity of influencing and guiding others without a definite appointed leading role. There are interactive social networks outlining and sustaining informal power. (Gilbert et al. 2010.)

A relational leader accentuates the importance of collaborating and having respectful open communication patterns established. To achieve greater participation levels, relational leaders prioritize the individual needs of the nurses. (Boamah et al. 2017.) Then, once nurses feel psychologically empowered they engage more often in positive communication and cooperation with other staff members (Boamah 2018).

Engagement in multi-professional collaborative work is promoted by transformational leaders (Boamah 2018). A transformational leader makes everyone feel that they belong to the group

and that the work outcomes belong to them. Consequently, circumstances do not drastically interfere with the work when every member of the team embraces the organization as own. (Günzel-Jensen et al. 2016.)

Efficient setting of aims is a plural activity that should involve everyone. When objectives are imposed from above, the functionality of teams decreases (Günzel-Jensen et al. 2016). But when relevant decisions are taken together by all team members, those resolutions end up being effective and becoming a source of improved procedures (Van Bogaert et al. 2016). Furthermore, when there is uneven distribution of resources, there will be tension and difficulty to work as a team (Chang 2014). On the contrary, nurses working on non-hierarchical cooperative health care systems gain on psychological empowerment and confidence to deliver excellent care (Breau et al. 2014). For this reason, resonant leaders place priority on uniting forces to achieve shared interests (Laschinger et al. 2014).

5.7 Trust

Trust is a shared quality that needs to be formed and implemented through interaction, because there are many agents involved in the reception and concession of trust. The building and exercising of trust might be compared to the process of learning to walk, going from fear of falling to standing, from standing to walking, and from walking to running. Therefore, no immediate or permanent results are to be expected while trust is being built. Positively, trust can be built though the promotion of peer interaction. (Young 2017.)

When nurses have a mutual binding of trust, they agree more easily and have solid union bonds that promote collaboration. Unfortunately, trust can be misused, and OCB taken for granted. But freedom to face and manage conflicts strengthens social interactions and enhances respect. (Young 2017.) Likewise, keeping the promises and standing for what is right ensures a mutual bound of trust. Eventually, superior results spring out of trustworthy environments characterized by justice and equity (Chang 2014).

Resonant leaders are known by their ability to listen, connect emotionally with others, show empathy, and act on behalf of others' interests. Distinctively, resonant leaders portray high levels of emotional intelligence. These qualities enable the creation of climates where everyone

feels appreciated, emerging from the manager-nurse interaction. Likewise, resonant leaders delegate authority on others concerning relevant responsibility roles. This course of action ratifies a morally adequate, respectful and trustworthy working climate. (Laschinger et al. 2014.) In short, nurses are influenced by leaders that empower them; responding to the trust placed on them with improved delivery of care (Günzel-Jensen et al. 2016). It can be then concluded that trust functions as a joint between leadership support and safety of patient care (Boamah et al. 2017).

5.8 Quality and Outcomes

To improve the quality of care it is necessary to undertake inevitable changes. For there is need of new initiatives to find solutions to dynamic problems that change along with the society. Empowerment comes in response to this challenge, since empowered nurses exercise autonomous work. They become more creative and approach the care from innovative perspectives that improve the quality of care. Empowered nurses implement professional expertise; this means they can exercise critical thinking, evaluate needs effectively, create change, become a positive influence within the care team, apply evidence-based knowledge, be economically efficient and productive, and improve the care standards of safety and quality. (Boamah 2018.)

Openness to change and progress characterizes work atmospheres that attain and surpass expectations (Boamah et al. 2017). A transformational leader calls the attention of the nursing group to appreciate transitions as opportunities to be creative and develop something new rather than interpreting challenges as unmanageable risks (Gilbert et al. 2010). Innovations and achievements are a result of a healthy structure, much like the fruit of a vigorous tree. Quality and outcomes are a consequence of many elements functioning together. And a central part of that conglomerate is the individual well-being of the nurses. (Young 2017.) It is broadly known that well cared nurses provide good quality of care (Chang 2014). Therefore, leaders that focus on the relationships and not merely on the institutional goals end up with more sustainable groups that provide a higher quality care (Young 2017).

To succeed in the achievement of goals, relational leaders communicate the values of their mission and put their confidence on the professionalism of their team members. Autonomic and innovative perspectives are often synonymous of effectiveness and positive outcomes. Another

quality of positive leaders is that they engage on correct management of complicated cases. (Boamah et al. 2017.) The instances of mistakes, harms, and errors decrease when different professionals join efforts to help each other attain the common goals (Boamah 2018). Safety improvement and adverse event diminution flourish when transformational leaders put empowering into effect (Boamah et al. 2017). There cannot be expected leading efficiency scores in a health care organization if the supportive structures for professional practice are missing or insufficient (Laschinger et al. 2014).

Availability of up to date scientific knowledge helps guiding improvement of care (Van Bogaert et al. 2016). If quality is to be raised, there should be given access to training and developing opportunities (Breau et al. 2014). Premating evidence-based practices should be the guideline for quality appraisal (Laschinger et al. 2014). In addition, assessment of quality is recommended to be done at the level where the care reaches the clients and not bureaucratically from the distance (Van Bogaert et al. 2016). Improvement of the care quality is the result of a joint effort rather than segregated initiatives (Van Bogaert et al. 2016). Independent judgment and capacity to self-direct and take responsibility of own decision making does not hinder co-operation, since that freedom of action is based upon professional and social trust. And the result of that trustful collaboration is improved accomplishments. (Günzel-Jensen et al. 2016.)

Nurses' opinions on the institution they work for affect the type of care they end up dispensing (Chang 2014). The perception of providing high quality and safe care improves when the nurses work among positive environments and are more satisfied at their jobs (Breau et al. 2014). Likewise, high quality care is product of well implemented empowering strategies (Gilbert et al. 2010). And the end results of efficient interpersonal exchanges among care team members are upgraded care quality, elevated work satisfaction, and improved nurse retention (Laschinger et al. 2014).

5.9 Commitment and Job Satisfaction

The interests of the nurses need to be directed to help coming up with solutions to challenges. Empowerment measures provide nurses with the ability to influence the course of a health organization. But recurrence of uneven workloads, pressures, and demands, represent a hin-

derance to nurses' interest and participation in organizational issues. The principle of reciprocity is in action; if the organization thinks on the individual nurse, individual nurses will be freed to think on what benefits the organization. (Young 2017.) This is why the personal interests of the nurses are decisive regarding involvement in developmental initiatives. For example, nurses tend to be more interested on developing policies that affect their clinical practice rather than on discussing political aspects of management. (Van Bogaert et al. 2016.)

Commitment and involvement are present when nurses are inspired with a vision that they share and are motivated to pursue (Boamah et al. 2017). Setting common goals helps nurses to identify themselves with the work and contribute more actively to the developmental processes (Günzel-Jensen et al. 2016). When nurses are given the opportunity to be participative and are not left alone, they find more satisfaction in their profession. But, with lack of empowerment appear more obvious cases of burnout, exhaustion and intentions to leave the job, thus the crucial role of the leaders in preventing negative nurse outcomes. (Boamah et al. 2017.) Moreover, there is empirical evidence that displays how there is improved personnel retention and better relationships among nurses when the manager is a resonant leader. This is because resonant leaders create the necessary surroundings for collegial interactions to emerge and fructify. (Laschinger et al. 2014.) And in consequence, turnover intentions diminish in working environments where nurses feel empowered and satisfied (Breau et al. 2014).

Finally, empirical data demonstrates that working climate and empowerment can firmly predict the level of nurses' job satisfaction (Breau et al. 2014). Favorable working conditions can be a determinant factor for staff retention in a time of shortage (Laschinger et al. 2014). Since the level of satisfaction and dedication of the nurses is directly associated to the psychological aspect of empowerment (Van Bogaert et al. 2016). In addition, the job satisfaction status varies depending on how freely the nurses can implement the full extent of their abilities and also on how nurses interpret that the standard of their practice is related to the quality guidelines. In the end, the rewarding feedback of a professionally well-done job motivates nurses to uphold commitment (Laschinger et al. 2014).

6 DISCUSSION AND CONCLUSION

The choice of narrative synthesis to analyze the data facilitates the presentation of broad information into a comprehensive format (Lucas et al. 2007). This way it can be shown more clearly that the answers to the research questions have been found and how they support the preliminary propositions hereby conjectured. This literature review has brought up the existing links that relate nurses' OCB and quality of care, clarifying among others the element of empowerment in the obtention of first-rate patient outcomes. Following the narrative process suggested by Popay et al. (2006), the answers to the research questions are now presented as a condensed version of the main findings from the nine themes exposed in the results section.

6.1 In what manner do OCB relate to quality care?

As social beings, nurses have the intrinsic ability of upholding discretionary behaviors that benefit either counterparts, organizations, and/or clients. However, those OCB can be potentiated or stalled by external factors. The weight of responsibility in generating sustainable working environments is not to be unevenly placed on the nurses' shoulders; since there are structural elements that forge or deter prolific climates. (Gilbert et al. 2010; Laschinger et al. 2014.)

Nurses engage in extra-role behaviors if there are provided supportive emotional climates in which they can feel identified and useful. (Laschinger et al. 2014.) It is easier for the nurses to display extra-role behaviors when they feel accepted and included (Chang 2014). Discretionary behaviors appear when nurses experience empowering, since nurses reciprocate back to the organization in the form of OCB. But those behaviors are scarce when the nurses feel exhausted. (Gilbert et al. 2010.) Similarly, social capital increases engagement levels and upraises OCB. Adding to it, transformational leaders incentivize OCB by fostering social capital. (Young 2017.) In the end, empowerment strategies combined with OCB result in improved productivity, reduction of adverse events, and higher quality of care. (Boamah 2018; Gilbert et al. 2010.)

A relational leader in contrast to a task-oriented one, becomes the principal source of psychological empowerment (Laschinger et al. 2014). A relational leader motivates others making

them feel valued, offering respect, and ensuring public recognition. Leaders that are closely united with the nurses infuse vision and enthusiasm to generate change and achieve common goals. Moreover, tight bounds between the care team members favor OCB and bring additional support for the creation and reaching of shared goals. (Young 2017.) But perceived passiveness from the leaders negatively affects safety and quality of care. While charismatic leaders motivate and inspire others so that they willingly take ownership of the collective vision and focus their efforts towards improving care quality. (Boamah et al. 2017.)

The leadership role should not be greater than the people who uphold the role. Therefore, a social individual who has the role of leader becomes a positive empowering leader when he/she does not forget the relational component of leadership. Specific traits identify relational leaders. Transformational leaders facilitate OCB by creating emotional empowerment (Boamah et al. 2017; Boamah 2018). Placing trust on others and delegating responsibility is how positive leaders nourish discretionary behaviors (Young 2017). Resonant leaders are at reach and approachable and they prioritize peer support over their own reputation. Resonant leaders also attain low levels of employee burnout. (Laschinger et al. 2014.) Both authentic and transformational leaders obtain high quality results and elevated satisfaction levels among the nurses (Boamah et al. 2017). In the end, all these relational leadership approaches create working environments characterized by safe quality care (Boamah 2018).

There are two aspects in the concept of working environment. One, working, which comprises efficiency and outcomes; and the other one, environment, which speaks of the quality of the social climate surrounding the care team. They are interdependent, for an efficient work environment cannot be sustained without a healthy social atmosphere. Yet, collegiality without goals and shared vision does not achieve prolific results. (Van Bogaert et al. 2016.)

There is likewise in the concept of teamwork the aspect of labor, objectives, efficiency and purpose; and on the other hand, the communal factor. We need each other to uphold quality and to support team unity. And we sustain and transfer virtue through a mutual exchange. Empowerment is only possible if there are healthy and open relationships among care team members (Van Bogaert et al. 2016). Meanwhile social capital and informal power favor cooperation and OCB (Gilbert et al. 2010). Additionally, psychologically empowered nurses build strong relationships through communication and collaboration; which causes positive attitudes, increases participation, and produces better care results (Boamah 2018; Boamah et al. 2017).

& Young 2017). Another positive outcome of teamwork synchrony is the ability of being part of the decision-making processes. The result of embracing reached resolutions as own is improved procedures and accomplishing of goals. When the responsibilities are shared, positive outcomes are more easily obtained. Since joint efforts in a climate of constructive relationships and willing collaboration empowers nurses to lift the quality of care. (Van Bogaert et al. 2016.)

6.2 How can organizational empowerment influence the quality of care?

Empowerment consists on capacitating others to reach their full potential. Therefore, leaders have the primary responsibility of granting access to the support tools that facilitate nurses' progress. The benefits of empowerment are vast, since it reduces fatigue, generates OCB, and promotes quality and safety. Furthermore, empowerment improves nurses' job satisfaction, and attracts employees and clients. (Gilbert et al. 2010.) Empowerment strategies allow nurses to be more confident, to think critically and be self-directed (Boamah 2018). Nurses do not encounter isolation in empowered climates, since they are surrounded by collaborative fellows. (Young 2017.) Besides, in an empowered climate every nurse becomes a positive influential component of the care system (Günzel-Jensen et al. 2016).

Moreover, empowerment is potentiated by leaders who focus on relationships (Laschinger et al. 2014). This kind of leadership approaches obtain higher job satisfaction and reduced incidence of burnout through empowerment. (Boamah et al. 2017; Gilbert et al. 2010). Likewise, relational leaders positively affect the quality of care by encouraging an evidence-based practice; thus, reducing adverse events. (Boamah et al. 2017; Boamah 2018).

Structural empowerment is the basis for psychological empowerment. (Boamah et al. 2017.) Yet, structural empowerment is not enough to cause lasting effects. The empowerment needs to reach a deeper level, it should be interiorized by the nurses and grow into an inward source of confidence and motivation. This sense of support translates into spontaneous innovative approaches to care, more trustful and responsible actions, increased involvement, enriched relationships, and OCB that elevate the care standards (Boamah et al. 2017; Gilbert et al. 2010). At the same time, emotionally empowered nurses inspire and motivate others to attain higher quality care (Boamah 2018). As result, the organization prospers injected by the renewed commitment of a care team that feels valued and trusted on (Günzel-Jensen et al.

2016). Even more, psychological empowerment is clearly associated with positive job satisfaction (Laschinger et al. 2014).

Healthy and empowered working environments result into safer and higher quality care that obtains improved patient outcomes (Boamah 2018; Breau et al. 2014; Laschinger et al. 2014). On the social aspect, healthy environments portray effective multi-professional coordination, collaboration, and beneficial extra-role behaviors through pressure release, trust, and empowering structures (Boamah 2018; Gilbert et al. 2010; Günzel-Jensen et al. 2016; Van Bogaert et al. 2016). In addition, a positive leader hinders uncivil behaviors and generates a sense of belonging and strong unity that helps retaining and attracting both nurses and clients (Boamah et al. 2017; Laschinger et al. 2014).

Trust is a foundational component of any functional healthcare system. Removing the principle of trust from the understructure of a healthcare organization, we will be left with a struggling compound that barely stands and whose collapse might be imminent. Trust could be compared to the cement that solidly binds together the bricks of a building. As well, trust is a shared quality that needs to be formed and implemented through interaction. Trust is also built through adequate conflict management. (Chang 2014 & Young 2017.) Ultimately, it is a link of trust what translates structural empowerment into patient safety with the support of nurses' organizational citizenship behaviors (Boamah et al. 2017).

To assess the success of a healthcare institution, the eventual measuring criteria is patient outcomes and quality of care. Comprising abstract concepts into something measurable is not an easy task. Nonetheless, there are tools available to determine outcomes' success, and the opinion of the clients is increasingly determinant in those weighing scales. (Rehnström et al. 2003.)

As mentioned before, empowered nurses implement professional expertise; this means that they can exercise critical thinking, evaluate needs effectively, act autonomously, create change, become a positive influence within the care team, apply evidence-based knowledge, be economically efficient and productive, and improve the care standards of safety and quality. Undesirable outcomes are minimized when in a climate of collaboration everyone decides to row in the same direction. (Boamah 2018; Boamah et al. 2017; Günzel-Jensen et al. 2016 &

Van Bogaert et al. 2016.) Similarly, effective synergy between care team members improves care quality, elevates work satisfaction, and increases nurse retention (Laschinger et al. 2014).

A byproduct of functional systems, and at the same time an internal institutional health thermometer, are aspects such as commitment, nurse retention, burnout, and job satisfaction. These features are like symptoms of functional or dysfunctional systems dependent on the previously exposed elements. These are mainly a result of adequate or poor empowering strategies. (Boamah et al. 2017.)

Lastly, the existence of a shared vision incentivizes the commitment to continue pursuing common goals (Boamah et al. 2017 & Günzel-Jensen et al. 2016). Moreover, when the leaders foster a climate of collegiality, this favors nurse retention (Laschinger et al. 2014). And when nurses feel empowered and their job satisfaction improves, there are less instances of burnout and turnover intentions (Breau et al. 2014 & Van Bogaert et al. 2016).

6.3 Conclusion

The influence of OCB and empowerment on the quality of care has been made clear. Nurses are not alone, though they are the ultimate face of the healthcare system before the clients. There are multiple and effective empowering initiatives that support nurses' well-being and capacitate them to exercise a professional and satisfying practice. As a matter of summary and visual clarification a mind-map (APPENDIX 1) has been created to portray the main conclusions of the present study.

A sustainable high-quality healthcare system is characterized by the existence of leaders who focus on the well-being of each care team member and procure structural empowerment. Those relational leaders convey the structural empowering measures into psychological support through trustful, healthy and interactive working climates. These elements combined release the nurses from hinderances to implement a professional practice and constructive attitudes. This is evidenced by nurses' willingness to engage in extra-role behaviors and autonomous actions. Therefore, the quality of care provided is enhanced by empowered nurses that are freed to exercise OCB. (Boamah 2018; Boamah et al. 2017 & Günzel-Jensen et al. 2018.)

On the contrary, an unsustainable low-quality healthcare system has been as well identified. Working environments led by task-oriented leaders who focus more on the obtention of results and sideline the importance of relationships, negatively affect the quality of care. Under these circumstances it cannot be fostered a functional system that progressively attains the desired results. Since the share of power is limited, the trust levels are low, the inward feeling of support is missing, and the willingness to display OCB is limited to occasional efforts intended to retain peer relationships alive, but not deliberately to favor the organization. Consequently, there are not smooth transactions and the negative impressions that the clients get of both interactions and clinical professionalism grow. Then, the measure of quality, client outcomes, job satisfaction and retention are discouraging. (Boamah et al. 2017; Cummings et al. 2018 & Laschinger et al. 2014.)

The results of this review show that the two suggested propositions have been proven true. The first one implied that relational leadership has a positive connection to structural empowerment and subsequently to psychological empowerment, what generates OCB, and ultimately results into improved quality of care. And the second proposition is a variation of the first one, where the implications are that task-oriented leadership may hinder both structural and psychological empowerment elements, what resorts negatively on OCB manifestation and subsequently produces poor quality outcomes. Consequently, the conclusions of this study are useful to construct a functional and sustainable care team. They can be as well adopted to formulate guidelines on how to correct dysfunctional or low-quality healthcare environments and to increase job satisfaction, nurse retention, and client attraction levels.

In Finnish nursing environments it is commonly found a generalized resistance to progress, since most of the nurses are about to retire. It is near impossible to change an entire culture of settlement singlehandedly. Yet, change is necessary and not only generationally. Updated nursing guidelines are more easily implemented if the entire care team shares vision and goals. Moreover, the approach of the nurse manager is a fundamental agent to initiate the change. Therefore, the relevance of the present literature review. Because the elements comprising a high-quality and sustainable system have been portrayed, and their interrelations clarified. It is then needed a common effort to implement the results of this study and favor prolific and satisfying job environments for both care providers and receivers. Lastly, the handling of the information hereby presented has closely taken into consideration the ethical principles of research. There are not known conflicts of interest, plagiarism or omission of the original sources.

Personal circumstances and structural limitations have hindered the development of this thesis. Nonetheless I am satisfied with the result. If it would have been possible I would have obviously started earlier the thesis and worked more closely with my various instructors. Likewise, it would have been interesting to include more Finnish sources. Yet, the broadness of the subject demanded to set limitations and I preferred to narrow the language to English to retain the quality and currency of the research evidence.

The data analysis process has improved my general understanding. Initially, after reading the articles selected for the present review, I got a preliminary impression of each article to which I associated an emoticon and a two-word assessment. To my surprise, once I got into the in-depth analysis of the articles I happened to change drastically some of my opinions. For example, I read a research from Taiwan where many of my search words were found and the conclusions and implications seemed to be very suitable. So, I was very enthusiastic about that one. On the contrary, when I read a study from Denmark, I was disappointed because the relevant information seemed to be scarce and from dissonant perspectives to my current understanding. But when I critically analyzed the findings of both studies they switched places of relevance. I noticed the hierarchical cultural limitation on the Chinese research and the sociocultural advanced perspective of the Danish study. Both studies were scientific and reliable, but one culturally did not consider the concept of empowerment in its full extent. Then, I can say that I have gained knowledge, perspective, and professional experience to interpret and evaluate evidence-based data through the completion of this literature review.

There have been many positive sides to making a literature review. I have been able to manage well my time. Also, I have gained substantial knowledge, and hopefully succeed in displaying useful evidence for someone else's benefit. And the review has become a good groundwork for conducting own empirical research in the future. Finally, I want to thank Centria UAS for choosing a Problem Based Learning (PBL) approach which has aided our thesis process and prepared us for work life.

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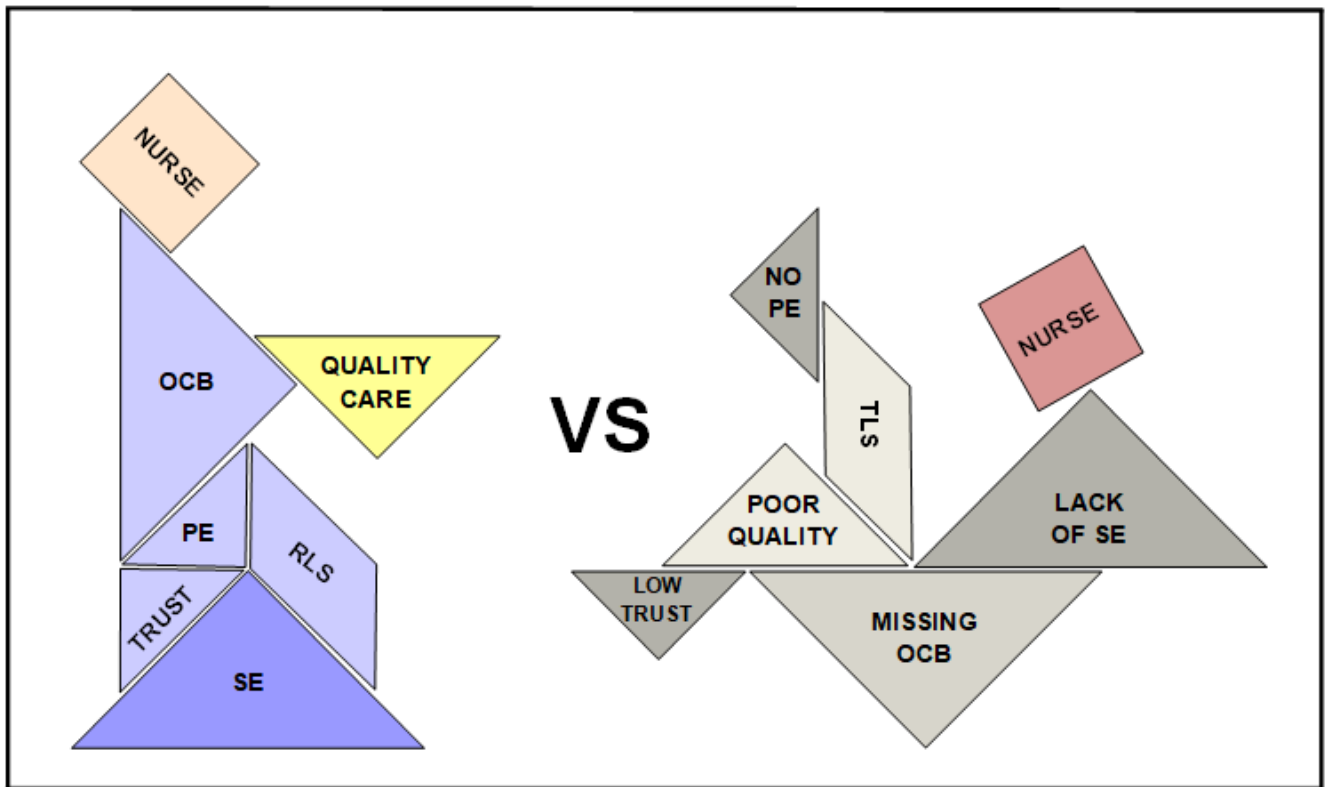
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GRAPH 1. High-quality healthcare system versus unsustainable system.



(Using Tangram figures)

- (OCB) Organizational Citizenship Behaviors
- (SE) Structural Empowerment
- (PE) Psychological Empowerment
- (RLS) Relational Leadership Style
- (TLS) Task-oriented Leadership Style

TABLE 1. Articles Chosen

Title: Linking Nurses' Clinical Leadership to Patient Care Quality: The Role of Transformational Leadership and Workplace Empowerment		
Author/s: Boamah, S.		Year: 2018 Country: Canada
Journal: Canadian Journal of Nursing Research		
Aim: To investigate the relationship between transformational leadership, structural empowerment, and adverse patient events.		
Sample size: 378 registered nurses.		
Results: Transformational leadership was clearly linked with reduced adverse client outcomes when structural empowerment and staff nurse clinical leadership intervened.		
Conclusions: Leaders' exercise of transformational leadership improves the work environment and minimizes adverse patient outcomes.		

Title: Mediating Effect of Social Capital between Transformational Leadership Behavior and Organizational Citizenship Behavior in Hospital Nurses		
Author/s: Young, J.		Year: 2017 Country: South Korea
Journal: Korean Academy of Nursing Administration		
Aim: To study the impact of social capital on the relationship between Transformational Leadership Behavior and Organizational Citizenship Behavior in hospital nurses.		
Sample size: 219 nurses.		
Results: The social capital of the nurses had a substantial mediating effect on the relationship between TLB and OCB.		
Conclusions: TLB helps creating positive OCB. Leaders should invest in the development of nurses' social capital.		

Title: Effect of transformational leadership on job satisfaction and patient safety outcomes		
Author/s: Boamah, S. Laschinger, H. Wong, C. & Clarke, S.		Year: 2017 Country: Canada
Journal: Nursing Outlook		
Aim: To examine how nurse managers' transformational leadership behaviors effect job satisfaction and patient safety.		
Sample size: 378 acute care nurses.		
Results: TL had a strong positive influence on empowerment, which in turn increased nurses' job satisfaction and decreased the incidence of adverse patient outcomes.		
Conclusions: TL Behaviors promote patient safety and nurses' job satisfaction.		

Title: Distributed leadership in health care: The role of formal leadership styles and organizational efficacy		
Author/s: Günzel-Jensen, F. Jain, A. & Kjeldsen, A.		Year: 2016 Country: Denmark
Journal: Leadership		
Aim: To examine the influence of formal leadership styles on hospital staff i.e. nurses' experienced intervention in distributed leadership, and its relation to the outcomes.		
Sample size: 1147 healthcare professionals.		
Results: Formal leadership affected positively on employees' perceived agency in distributed leadership and negatively on organizational efficacy.		
Conclusions: A formal leader should promote employees' involvement in various leading functions despite their hesitance.		

Title: Staff Nurses' Perceptions and Experiences about Structural Empowerment: A Qualitative Phenomenological Study		
Author/s: Van Bogaert, P. Peremans, L. Diltour, N. Van Heusden, D. Dilles, T. Van Rompaey, B. & Havens, D.		Year: 2016 Country: Belgium
Journal: PLoS ONE		
Aim: To find out staff nurses' observations and experiences about structural empowerment and how it might support the quality of care.		
Sample size: 11 staff nurses.		
Results: Many nurses experienced empowerment. Not every respondent was aware of the effects of empowerment. The daily nursing challenges were viewed as obstacles.		
Conclusions: Manager initiative and working atmosphere have an impact on the quality of care through empowerment.		

Title: Effects of unit empowerment and perceived support for professional nursing practice on unit effectiveness and individual nurse well-being: A time-lagged study		
Author/s: Laschinger, H. Nosko, A. Wilk, P. & Finegan, J.		Year: 2014 Country: Canada
Journal: International Journal of Nursing Studies		
Aim: To try a multi-level model that examines the outcome of contextual and individual elements on nurses' work satisfaction.		
Sample size: 545 staff nurses.		
Results: What the nursing group perceived as structural empowerment indirectly affected their common understanding of how effective their unit was.		
Conclusions: When creating an effective health care environment, it is important to consider the contextual aspects that affect nurses' job satisfaction.		

Title: The relationship between empowerment and work environment on job satisfaction, intent to leave, and quality of care among ICU nurses		
Author/s: Breau, M. & Rhéaume, A.		Year: 2014 Country: Canada
Journal: Dynamics, Canadian Association of Critical Care Nurses		
Aim: To conclude if the desire to leave and the quality of care provided by ICU nurses is predicted by their working atmosphere and their empowerment.		
Sample size: 533 ICU nurses.		

Results: The existence of empowerment favored a better working environment, being both strong predictors of job satisfaction.

Conclusions: Empowerment measures helped creating a positive working environment that incremented job satisfaction, decreasing turnover and increasing care quality.

Title: Moderating Effects of Nurses' Organizational Justice Between Organizational Support and Organizational Citizenship Behaviors for Evidence-Based Practice

Author/s: Chang, C.

Year: 2014

Country: Taiwan

Journal: Worldviews on Evidence-Based Nursing

Aim: To research if organizational justice has a moderating effect among nurses' organizational support and organizational citizenship behaviors.

Sample size: 386 staff nurses.

Results: Nurses' organizational justice awareness positively moderates the relationship between OS and OCB.

Conclusions: When leaders promote justice, the nurses experience organizational support, which in turn generates positive organizational citizenship behaviors.

Title: Resonant Leadership and Workplace Empowerment: The Value of Positive Organizational Cultures in Reducing Workplace Incivility

Author/s: Laschinger, H. Wong, C. Gummings, G. & Grau, A.

Year: 2014

Country: Canada

Journal: Nursing Economic\$

Aim: To test the concept relating positive leading style and job empowerment with non-constructive behaviors, burnout, and the level of work gratification.

Sample size: 3600 nurses.

Results: Positive leading style empowers nurses and dampens uncivil behaviors and burnout in health care settings.

Conclusions: A resonant leading approach favors nurse retention and strengthens relationships between the care team members.

Title: The mediating effect of burnout on the relationship between structural empowerment and organizational citizenship behaviours

Author/s: Gilbert, S. Laschinger, H. & Leiter, M.

Year: 2010

Country: Canada

Journal: Journal of Nursing Management

Aim: To investigate the effect of empowerment and fatigue on health care personnel's usage of organizational citizenship behaviors.

Sample size: 897 healthcare professionals.

Results: Emotional tiredness appeared to be an important mediator between empowerment and OCB.

Conclusions: When OCB are encouraged through empowerment, nurses experience less burnout and there is a positive effect on job effectiveness and patient outcomes.