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

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Aim We used Kanter's (1977) structural empowerment theory to examine the influence of structural empowerment and emotional exhaustion on healthcare professionals' use of organizational citizenship behaviours directed at the organization (OCBO) and peers (OCBI).

Background Organizational citizenship behaviours (OCB) are discretionary behaviours that are not rewarded directly by the organization but have been linked to positive outcomes, such as increased job satisfaction and lower turnover intentions. Promoting OCB can help employees and organizations flourish despite current challenges in the healthcare system. Structural empowerment may influence the frequency and type of OCB by reducing burnout.

Method We conducted multiple mediated regression analyses to test two hypothesized models about relationships between empowerment, emotional exhaustion and two types of OCB (OCBI and OCBO) in a sample of 897 healthcare professionals in five Canadian hospitals.

Results Emotional exhaustion was found to be a significant mediator of the relationship between empowerment and OCBO. The predicted mediation of the empowerment/OCBI relationship by emotional exhaustion was not supported.

Conclusions Exhaustion was an important mediator of empowering working conditions and OCBO, but was not significantly related to OCBI. Empowerment was significantly related to both OCBO and OCBI.

Implications for nursing management Promoting empowerment among healthcare workers may decrease burnout and promote OCB. Specific managerial strategies are discussed in the present study.

Keywords: burnout, healthcare professionals, organizational citizenship behaviours, structural empowerment

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Introduction

The healthcare sector is a dynamic environment that must constantly respond to changing knowledge and government policy. An enduring lack of organizational resources and funding available to the healthcare sector has resulted in downsizing, restructuring and increased job complexity. This tumultuous environment may result in a poor quality of worklife, burnout, and decreased job satisfaction. In Laschinger *et al.*'s study (2006), 53% of registered nurses (RNs) experienced severe burnout. As a result of the severity of this problem, it is imperative to examine ways in which health professionals might flourish in their jobs and contribute to organizational performance despite the present challenges, which may translate into improved patient care quality.

Recent interest in a Positive Organizational Scholarship (POS) in the management literature has resulted in a shift in perspective to studying organizational behaviour. POS focuses on factors that help organizations to excel in their fields, foster virtuous behaviours, achieve extraordinary performance and promote human strength, resiliency, healing and flourishing (Spreitzer 2007). Flourishing at work means living within an optimal range of human functioning and contrasts with languishing (Frederickson & Losada 2005). Preliminary results of a study by Spreitzer (2007) suggested that giving help to others had a more positive impact on nurses' perceptions of trust and reciprocity on hospital units than receiving help from others. Recent research has examined how encouraging these helping behaviours, referred to as organizational citizenship behaviours (OCB), can be a means for employees and organizations to flourish (Wat & Shaffer 2003, Organ *et al.* 2006, Spreitzer 2007). The current study examines ways to promote helpful discretionary behaviours in healthcare settings.

Structural empowerment

In her theory of Structural Power in Organizations, Kanter (1979) posits that empowering workplaces are those that provide employees with access to information, support, resources and opportunity so that they will be able to do their job to the best of their ability. Access to information refers to being 'in the know' in terms of the formal and informal happenings in the organization (Kanter 1979). Having information allows an employee to make decisions and act quickly, as well as to pass on information to other employees in order to accomplish more. Access to support refers to the employee's ability to take non-ordinary, innovative and risk-taking action in response to situations without having to go through organizational 'red tape' (Kanter 1979). Access to resources such as money, materials and supplies is another empowering work structure (1979). Kanter (1977) referred to opportunity as the ability to advance in the organization through connections, exposure and visibility or the ability to learn and grow professionally from a job. Having access to these structures is influenced by social contacts within the organization and job characteristics, referred to as informal and formal power, respectively (Kanter 1979). Formal power is evident in jobs that are visible and central to the organization's goals and allow discretion, recognition and relevance (Kanter 1979). Informal power develops from close contact and social alliances with peers, superiors and subordinates as well as connections from outside the organization (Kanter 1979). This contact facilitates cooperation in order to accomplish tasks faster and more effectively. Structural empowerment is high when employees have access to these empowering structures in their workplace.

Numerous studies have established links between empowerment and positive workplace attitudes and behaviours. Previous research has found that structural empowerment is related to lower job tension in nurses (Laschinger & Havens 1997), lower levels of emotional exhaustion and higher levels of energy (Laschinger 2004, Laschinger & Finegan 2005, Laschinger *et al.* 2006). Thus, empowerment may be an effective way to reduce burnout and job tension among healthcare professionals. Empowerment has also been linked to positive workplace behaviours. Kanter (1977) argued that increasing access to opportunity will motivate employees to succeed and to be more productive. Kanter also argued that when employees experience their work environment as empowering, they are more likely to experience higher intrinsic motivation to improve their work environment (1979), possibly by engaging in discretionary behaviours, such as OCB.

Kanter's theory provides a framework for understanding how empowered employees may experience less burnout and, in turn, engage in more OCB. Previous research has linked psychological empowerment (Ackfeldt & Coote 2005, Cabrey 2005) and leader empowerment behaviours (M. A. Ahearne, S. B. MacKenzie and P. M. Podsakoff, unpublished data) to OCB, but to our knowledge, Kanter's (1979) notion of structural empowerment has not yet been linked to OCB. Wat and Shaffer (2003) argued that empowered employees are encouraged and enabled to exercise initiative and perform OCB, suggesting that empowerment

may have both direct and indirect effects on OCB. (M. A. Ahearne, S. B. MacKenzie and P. M. Podsakoff, unpublished data) also found that leader empowering behaviours were related to OCB, providing evidence that leaders have the power to enhance and encourage these behaviours.

Organizational citizenship behaviours

OCB is defined as individual behaviours that are discretionary, and not rewarded directly by the organization (Organ *et al.* 2006). Organ's (1988) conceptualization of OCB was composed of five dimensions: altruism, courtesy, conscientiousness, sportsmanship and civic virtue. Altruism involves voluntarily helping others with work-related problems, such as helping a co-worker with a heavy workload. Courtesy refers to gestures that help others prevent a problem, such as providing advance notice of a meeting. Conscientiousness means exceeding the required levels of attendance, punctuality or conserving resources by not taking extra breaks and obeying company rules when no one is watching. Sportsmanship involves sacrificing one's personal interest and maintaining a positive attitude, even when inconvenienced by others or when one's ideas are rejected. Civic virtue involves the constructive participation in the political process of the organization, such as making suggestions for improvement in a meeting. Most conceptualizations of OCB focus on some variation of these five dimensions suggested by Organ (1988).

Williams and Anderson (1991) created a two-dimensional conceptualization of OCB consisting of OCB Individual (OCBI) and OCB Organization (OCBO), which categorizes OCB in terms of the target of the behaviour rather than the type of behaviour, as in previous conceptualizations of the construct. OCBI behaviours immediately benefit specific peers and co-workers and contribute to the organization indirectly. These behaviours may include helping a new employee with his or her workload, and being considerate of the impact of one's behaviours on others. OCBO behaviours benefit the organization in general, such as punctuality, having a positive attitude, and making suggestions for the organization's improvement.

OCB, in the aggregate, has been linked to efficiency, customer satisfaction, financial performance, and revenue growth (Organ *et al.* 2006). Findings from previous research suggest that organizations that foster OCB are more attractive places to work and are able to hire and retain the best employees (Wat & Shaffer 2003). Cabrey (2005) explained that positive social behaviours among coworkers in particular may serve to facilitate the effective functioning of a hospital unit by contributing to a work environment which supports task performance. As primary contacts between patients and the hospital administration, healthcare professionals possess critical information about patients, and when they actively participate in hospital decision-making and provide suggestions for improvement, they may facilitate the organizations' effective performance (Organ *et al.* 2006). Organ (1988) also suggested that OCB places more resources at the disposal of the organization and precludes the need for costly means of providing functions otherwise performed informally by OCB. This evidence suggests that encouraging OCB may have positive implications for the organization's performance, and, in health care settings, for patient outcomes.

Emotional exhaustion

Emotional exhaustion is a component of burnout which refers to individual strain resulting from depleted emotional and physical resources and feelings of being overextended (Maslach & Leiter 2008). Burnout is defined as a condition owing to prolonged and chronic job strain, and consists of a high degree of emotional exhaustion and cynicism, and a low sense of efficacy (Leiter & Laschinger 2006). Cynicism refers to a detached and negative response to one's job and has been directly related to exhaustion in previous literature (Maslach & Leiter 2008). Finally, inefficacy refers to a low sense of accomplishment and competence in the workplace and may be directly or indirectly related to exhaustion and cynicism (Maslach & Leiter 2008). Leiter and Maslach (2004) described emotional exhaustion as the core element of burnout, which leads to cynicism and inefficacy. Strong evidence from previous research has suggested that structural empowerment may be an effective way to reduce burnout (Laschinger *et al.* 2001, 2004, 2006, Laschinger & Finegan 2005).

Previous research has linked burnout to OCB (Halbesleben & Bowler 2005). In their study examining 190 working adults from various professions, Halbesleben and Bowler (2005) examined the relationships between burnout and employee reports of OCBO and OCBI. They found that an employee who experiences emotional exhaustion is less likely to engage in OCBO ($r = -0.13$, $P < 0.01$), which they interpreted to be the inclination for exhausted employees to conserve resources such as OCBO in favour of task performance. Upon further examination, they found that cynicism

fully mediated the relationship between emotional exhaustion and OCBO, suggesting that the impact of exhaustion on OCBO was indirect through cynicism. In other words, exhaustion leads to cynicism, which, in turn, leads to OCBO. On the other hand, exhausted employees were more likely to engage in OCBI ($r = 0.14$, $P < 0.01$). Halbesleben and Bowler (2005) reasoned that exhausted employees want to maintain the social support of their coworkers within the organization as a coping mechanism and, therefore, they continue to engage in helpful behaviours towards their coworkers. Terry and Callan (2000) argued that work support networks are more important to employees than non-work support networks when coping with stress at work, because coworkers are closer to the source of stress and may provide better understanding to one another than non-work social supports. Therefore, even if employees are exhausted, interpersonal workplace relationships remain important to them, providing them with a source of social support from peers in the workplace, which may help them cope with feelings of exhaustion. Halbesleben and Bowler (2005) also suggested that co-worker relationships are important because they are a source of social comparison and provide an opportunity to evaluate the appropriateness of one's response to a stressor. Halbesleben and Bowler (2005) found that employees in advanced stages of burnout (high cynicism) were less likely to engage in OCBO ($r = -0.15$, $P < 0.05$) and no longer engaged in OCBI ($r = -0.20$, $P < 0.01$). They suggested that at this stage of burnout, employees cope by disengaging and no longer turn to coworkers, minimizing relationships with both peers and the organization as much as possible.

This study examined emotional exhaustion as a mediator of the relationship between structural empowerment and OCBO and OCBI using a sample of Canadian healthcare professionals employed in five acute care hospitals. Although previous studies have linked structural empowerment to factors important to the retention of nurses, to our knowledge, this study is the first to link structural empowerment as per Kanter's (1977, 1979) theory specifically to OCB.

Models tested in the study

We tested two hypothesized models specifying relationships between structural empowerment, emotional exhaustion and two types of OCB (OCBO and OCBI). In the first model, we expected that structural empowerment would have a negative relationship with emotional exhaustion, which, in turn, would be negatively related to OCBO. Previous research has linked structural empowerment to exhaustion (Laschinger *et al.* 2003) and exhaustion to OCBO (Halbesleben & Bowler 2005). Exhausted employees may be forced to reduce discretionary behaviours in order to manage their workload under conditions of reduced resources. Eliminating OCBO may be a strategy for employees to maintain their level of task performance while conserving resources. Based on this reasoning, we hypothesized that low levels of empowerment lead to higher exhaustion which, in turn, results in lower levels of OCBO.

In the second hypothesized model, we predicted that empowerment would be negatively related to emotional exhaustion, which, in turn, would be positively related to OCBI (see Figure 1). Halbesleben and Bowler (2005) found that exhaustion was positively related to OCBI, and argue that employees who are emotionally exhausted will reduce OCBO, but will increase OCBI. Increasing OCBI may be a way to ensure that social contacts with coworkers within the organization are sustained as a coping mechanism to deal with increased strain. Given this reasoning, we hypothesize that low levels of empowerment will increase emotional exhaustion, which, in turn, will increase OCBI.

These hypothesized models were based on the findings of Halbesleben and Bowler (2005) in a general sample of working adults. To simplify this analysis, we used only the emotional exhaustion component of burnout, because it is the core element which leads to cynicism and inefficacy (Leiter & Maslach 2004).

Methods

Design and sample

This study is a secondary analysis of a subset of cross-sectional data collected in 2008 in a larger study in two Canadian provinces. The larger study was a workplace intervention study designed to improve workplace relationships. We selected a sample of health

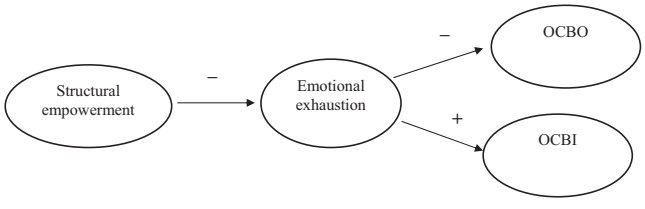

Figure 1
Hypothesized model of organizational citizenship behaviours directed at the organization (OCBO) and peers (OCBI). (–), negative relationship; (+), positive relationship.

professionals for this study which included nurses, allied health care professionals and management (n = 897) from 41 units in two Ontario hospitals and three hospitals in Nova Scotia. These units were self-selected by their managers to participate in the study. Units varied in specialty from psychiatric to surgery.

Demographic characteristics of the final sample are shown in Table 1. The final sample from Ontario (60%) and Nova Scotia (40%) was mostly female (92.3%) and mostly nurses (86.4%). The average participant was 42.2 years old (86.4%), with a diploma education (50%), had been with their organization for more than 2 years (70.4%), and worked full time (70.3%).

Instrumentation

Three standardized scales were used to measure the variables in this study. Demographic information such as gender, age, education level, employment status and working hours per week was also included. Cronbach's alpha coefficients, means and standard deviations for each scale are shown in Table 1.

The Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) (Laschinger *et al.* 2001) measures aspects of structural empowerment defined by Kanter as: opportunity, support, resources, information, informal power and formal power. In this study only the first four subscales were used to measure empowerment structures, rated on a Likert scale from 1 (none) to 5 (a lot). Subscale scores are calculated by averaging the items in each subscale. Total empowerment is calculated by summing all 12 items from the four subscales, with a possible range of 4–20. In previous research, Cronbach's alpha reliabilities for the subscales ranged from 0.59 to 0.89 (Laschinger 2004). In this study, the alpha value for the CWEQ-II was 0.78.

The Organizational Citizenship Behaviour Scale (Podsakoff *et al.* 1990) was included in the original survey and consists of five subscales: civic virtue, conscientiousness, sportsmanship, courtesy and altruism. According to Hoffman *et al.* (2007), altruism and courtesy comprise OCBI because these behaviours benefit coworkers more than the organization. Conscientiousness, civic virtue and sportsmanship comprise OCBO because these behaviours benefit the organization more than coworkers. Based on this reasoning and consistent with Halbesleben and Bowler (2005) approach, subscale scores for courtesy and altruism were averaged to calculate OCBI and subscale scores for conscientiousness, sportsmanship and civic virtue were averaged to calculate OCBO. Each of the 24 items were scored on a five-point Likert scale from 1 'strongly disagree' to 5 'strongly agree'. The alpha values for the OCBI and OCBO measures were 0.81 and 0.77, respectively.

The Emotional Exhaustion subscale of the Maslach Burnout Inventory-General Survey (MBI-GS; Schaufeli *et al.* 1996) was used to measure emotional exhaustion in this study. This five-item subscale is scored on a seven-point Likert scale from (0) 'never' to (6) 'daily'. Subscale scores are obtained by averaging the items from each subscale. High scores indicate higher levels of exhaustion. In previous research, the Cronbach's alpha value was 0.92 for exhaustion (Maslach *et al.* 1996), and in this study, the value was also 0.92.

Table 1
Intercorrelations between subscales for empowerment, OCB and burnout

	Variable	*Alpha*	*Mean (SD)*	*1*	*2*	*3*	*4*
1	Empowerment	0.78	12.07 (2.33)	–			
2	Exhaustion	0.92	2.94 (1.46)	−0.208†	–		
3	OCBI	0.81	4.19 (0.37)	0.119†	0.030	–	
4	OCBO	0.77	3.91 (0.40)	0.230†	−0.143†	0.459†	–

OCBI, organizational citizenship behaviours directed at peers; OCBO, organizational citizenship behaviours directed at the organizations.
†P < 0.001.

Data collection procedures

After obtaining ethics approval from the University of Western Ontario (UWO) Health Sciences Research Ethics Board, 1600 health care professionals in 41 units in participating hospitals, were sent a package through the hospital mail that included a letter of information, a stamped and self-addressed return envelope, a pencil, and questionnaire. Consent was implied by the return of a completed questionnaire by business reply mail to a central research unit.

To promote a higher response rate, a postcard was sent to all participants 4 weeks after the distribution of the initial questionnaire to thank respondents and to encourage non-respondents to return a completed survey. Several informal face-to-face question-and-answer sessions on each unit were facilitated by the research team to raise awareness about the study. Study posters were also posted on the units as reminders. A dinner and a movie draw valued at $75 was awarded to two randomly selected winners from each hospital site as an incentive. Incentives were approved by the Research Ethics Boards for both UWO and participating hospital organizations.

Participants were identified by personal identification numbers, which were linked to names on a master code list accessible only to a contact person in the Human Resources in each organization. Since data were sent directly back to a central research office, Human Resources did not have access to the data and were blind to which employees returned questionnaires. Also, the research team had no identifying information from participants, unless they provided their email in order to receive a personal results profile.

Data analysis

The proposed models (see Figure 1) were tested using mediated multiple regression procedures recommended by Baron and Kenny (1986) using the SPSS v. 16.0 statistical package (SPSS, Inc., Chicago, IL, USA). Baron and Kenny (1986) specify four steps to testing a mediation model. The first step is to test that the initial variable is correlated with the outcome variable. The second step is to test that the initial variable is correlated with the mediator. The third step tests whether the mediator affects the outcome variable. The fourth step establishes whether the mediator fully mediates the relationship between the initial variable and the outcome variable. If the effect of the initial variable on the outcome variable is zero when controlling for the mediator, then there is full mediation. If steps one through to three are met but four is not, then there is a partial mediation. Descriptive statistics and reliability analyses were conducted on all study variables.

Results

Descriptive results

The means and standard deviations for the study variables are found in Table 1. Laschinger (2009) describes total empowerment scores of 4–9 as low levels of empowerment, 10–14 as moderate and 16–20 as high. According to these guidelines, these professionals reported their workplaces as being moderately empowering [M = 12.07, standard deviation (SD) = 2.33].

Health professionals in this sample reported levels of emotional exhaustion that were similar to the Maslach Burnout Inventory (MBI) norm (M = 2.93, SD = 1.46, t (895) = –0.951, $P > 0.05$) according to Maslach *et al.*'s (1996) guidelines. Over one-third of these professionals (41.8%) scored higher than 3.0 on exhaustion, the cut-point for severe burnout, according to Maslach *et al.* (1996).

Health professionals demonstrated higher levels of OCBI (M = 4.19, SD = 0.37) than OCBO (M = 3.91, SD = 0.40). They engaged in high levels of discretionary behaviours, but directed these behaviours at other individuals more often than at the organization.

Mediated regression analyses

The hypothesized models examined the relationship between empowerment, emotional exhaustion and two aspects of OCB. The first regression predicted OCBO (see Table 2). Step one established a significant relationship between empowerment and OCBO (β = 0.230, $P < 0.001$) and in step two, empowerment was signifi-

Table 2
Summary of Mediation regression analysis for variables predicting OCBO (n = 889)

Variable	*B*	*SE B*	β	R^2
Step 1: empowerment predicts OCBO				
Empowerment	0.040	0.006	0.230†	0.053
Dependent variable: OCBO				
Step 2: empowerment predicts emotional exhaustion				
Empowerment	–0.131	0.021	–0.208†	0.043
Dependent variable: emotional exhaustion				
Step 3: exhaustion predicts OCBO				
Emotional exhaustion	–0.039	0.009	–0.143†	0.020
Dependent variable: OCBO				
Step 4: empowerment predicts exhaustion, which in turn predicts OCBO				
Step 4a				
Empowerment	0.039	0.006	0.227†	0.052
Step 4b				
Empowerment	0.036	0.006	0.207†	
Emotional exhaustion	–0.027	0.009	–0.097†	0.061
Dependent variable: OCBO				

OCBO, organizational citizenship behaviours directed at the organizations.
†$P < 0.001$.

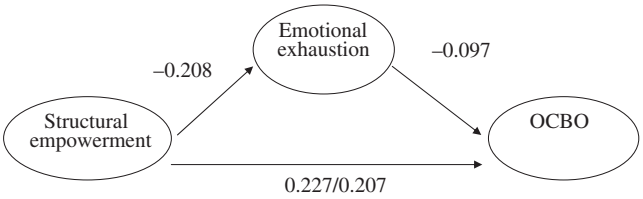

Figure 2
Final model of organizational citizenship behaviours directed at the organization (OCBO).

cantly related to the mediator, exhaustion (β = –0.208, $P < 0.001$). Step three tested the relationship between exhaustion and OCBO, which was significant (β = –0.143, $P < 0.001$). In step four, both empowerment and exhaustion were significant independent predictors of OCBO (β = 0.207, $P < 0.001$, and β = –0.097, $P < 0.05$, for empowerment and exhaustion, respectively). This analysis suggests that exhaustion partially mediates the relationship between empowerment and OCBO. That is, higher levels of empowerment were associated with lower levels of emotional exhaustion, which, in turn, were associated with lower levels of OCBO, supporting the first hypothesized model (see Figure 2).

In the second regression analysis predicting OCBI (see Table 3), steps one and two were met, but steps three and four were not. Steps one and two established a significant relationship between empowerment and OCBI (β = 0.119, $P < 0.001$), and between empowerment and emotional exhaustion (β = –0.208, $P < 0.001$). Step three failed to establish a significant relationship between emotional exhaustion and OCBI (β = 0.030, $P = 0.373$), therefore, testing step four was not appropriate. This analysis suggests that emotional exhaustion does not mediate the relationship between empowerment and OCBI, because no link was established between emotional exhaustion and OCBI. Thus, the second hypothesized model was not supported. However, empowerment was significantly related to both emotional exhaustion and OCBI.

Discussion

These findings of the present study support the proposition that empowerment is related to OCB and the emotional exhaustion component of burnout. The results also support previous findings linking emotional exhaustion to OCBO. Furthermore, exhaustion was a significant partial mediator of the relationship between empowerment and OCBO, but did not mediate the empowerment/OCBI relationship.

Empowerment was directly and indirectly related to OCBO through exhaustion. Empowerment may influence OCBO because it involves organizational efforts to create favourable working conditions for the employee. In order to reciprocate these conditions, employees may engage in more OCBO, which is consistent with social exchange theory (Wat & Shaffer 2003, Cabrey 2005). According to this theory, OCBO is a form of repayment on behalf of the employee in return for empowering working conditions promoted by the organization. Therefore, by implementing empowering structures in the workplace according to Kanter's theory, managers may be able to promote OCBO, thereby facilitating a more productive workplace. In this model, exhaustion partially mediated the relationship between empowerment and OCBO, suggesting a process whereby empowered employees may experience lower levels of exhaustion, and as a result, may engage in more OCBO.

On the other hand, while empowerment was positively related to OCBI, exhaustion was not related to discretionary behaviours directed at peers, and therefore did not play a mediating role between empowerment and OCBI as predicted. It may be that employees attribute the source of feelings of exhaustion to the organization rather than to co-workers, and therefore it

Table 3
Summary of mediation regression analysis for variables predicting OCBI ($n = 889$)

Variable	*B*	*SE B*	β	R^2
Step 1: empowerment predicts OCBI				
Empowerment	0.019	0.005	0.119†	0.014
Dependent variable: OCBI				
Step 2: empowerment predicts emotional exhaustion				
Empowerment	–0.131	0.021	–0.208†	0.043
Dependent variable: emotional exhaustion				
Step 3: exhaustion predicts OCBI (non-significant)				
Emotional exhaustion	0.007	0.008	0.030	0.001
Dependent variable: OCBI				

OCBI, organizational citizenship behaviours directed at peers.
*$P < 0.05$, †$P < 0.001$.

is less associated with OCBI. High levels of OCBI in these employees may suggest that they are already using it as a coping mechanism to deal with exhaustion. Thus, employees may elect to maintain, rather than increase OCBI in response to higher emotional exhaustion. Maintaining levels of OCBI may be a way for health professionals to cope with emotional exhaustion by retaining their social contacts with other employees. The significant relationship between empowerment and OCBI may suggest that having access to conditions that optimize work can have an impact on discretionary behaviours aimed at co-workers, possibly because empowered employees may experience greater intrinsic motivation to improve their work environment (Kanter 1979). The differential findings between the models predicting OCBO and OCBI highlight the importance of discriminating between the organization and co-workers as the targets of OCB.

The results revealed that empowerment was a significant predictor of both OCBI and OCBO, providing support for the use of Kanter's theory as a framework for understanding these behaviours. However, empowerment seems more predictive of OCBO than OCBI, suggesting that empowerment is more strongly related to employee discretionary behaviours directed at the organization than towards the individual. This evidence may suggest that the organization, rather than peers, is perceived as the primary source of structural empowerment and, according to social exchange theory, employees will feel a need or want to reciprocate back to the organization in return for feelings of empowerment (Cabrey 2005). Thus, the relationship between empowerment and OCBO is stronger than that of empowerment and OCBI. However, OCBI and empowerment were also positively related, which may, in part, be due to the social aspect of empowerment, that is, informal power. Informal power is developed and maintained by close contact and social alliances with peers, superiors and subordinates as well as connections from outside the organization (Kanter 1977). When an employee has informal power, he or she has more connections within the organization and therefore more opportunities to engage in OCBI. Informal power was not measured in this study, but has been shown to be an implicit underlying dimension of empowerment (Kutscher 1994, Sabiston 1994).

Implications for nursing management

The results of the present study suggest that managerial strategies aimed at empowering health care professionals may be helpful in promoting OCB. Manojlovich (2007) suggested that managers can promote empowerment in nurses by increasing their control over the content, context and competence of nursing practice. Specific strategies include increasing nurses' involvement in decision-making by developing professional practice models, encouraging professional autonomy and developing nurses' expertise through professional development activities. Laschinger (2007) identified strategies for promoting empowerment in recent focus groups of nurse managers. Strategies to improve formal and informal power, and access to support, information, resources, and opportunity included: increasing recognition of the nursing role as central and relevant to organizational goals; developing interdisciplinary networking opportunities; provide recognition in visible ways; unblocking channels of communication; assuring available supplies and resources to accomplish work; and facilitating advanced educational preparation, respectively (Laschinger 2007). These strategies are examples of ways in which managers can increase staff empowerment, which may reduce levels of emotional exhaustion and increase OCB. Increased levels of OCB within a health care work environment may have benefits such as increased efficiency, employee and patient satisfaction and organizational performance (Organ *et al.* 2006), as well as improved attraction and retention of health professionals (Wat & Shaffer 2003), which may ultimately serve to improve patient outcomes.

Limitations

Selection bias is a potential limitation in this study because participating units were selected by the manager, and participants could choose whether or not to participate. Also, all data in this study were obtained through a self-report survey, presenting a possibility for common method bias which should be taken into consideration when interpreting the results. A longitudinal study to examine changes in OCB over time would be valuable.

Conclusion

Despite the limitations of this study, the findings contribute to our understanding of organizational citizenship behaviour in health care settings. These findings suggest that empowered health professionals may experience less emotional exhaustion and may also engage in more OCBI and OCBO. Disempowered employees may also experience greater levels of emotional exhaustion, and reduce their OCBO behaviour to compensate, but their OCBI may remain unaffected.

Halbesleben and Bowler (2005) results were partially supported in this study. The results of the present study are the first to demonstrate the link between structural empowerment and both OCBO and OCBI, and suggest actionable strategies to improve the quality of working relationships in challenging health care work environments.

There is no argument that financial restraints, staffing shortages and hospital restructuring in the healthcare sector contribute to a lack of empowerment and increased strain among employees. However, healthcare leaders and educators can implement innovative strategies to promote positive workplace behaviours and assist employees and the organization itself to thrive despite such circumstances. The results of this study provide an incentive for organizations to promote empowerment and reduce levels of burnout among employees, as this can facilitate positive workplace behaviours and thus strengthen organizational performance. Strategies such as workplace interventions, in-service training and ongoing programmes aimed at improving access to empowering structures may reduce burnout and promote organizational citizenship behaviours, thus improving the performance and efficiency of healthcare organizations and, ultimately, patient care quality.

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