ORIGINAL ARTICLE

WILEY

Nurses' psychological empowerment: An integrative approach

Orly Shapira-Lishchinsky [ID] | Pascale Benoliel [ID]

Department of Educational Administration, Leadership and Policy, Bar-Ilan University, Ramat-Gan, Israel

Correspondence
Orly Shapira-Lishchinsky, Department of Educational Administration, Leadership and Policy, Bar-Ilan University, Ramat-Gan, Israel.
Email: Shapiro4@biu.ac.il

Abstract

Aim: To investigate the role of psychological empowerment as a mediator between authentic leadership and organisational citizenship behaviours (OCB), tardiness, absenteeism and intent to leave.

Background: Despite the extensive literature on predictors and outcomes of psychological empowerment, there is a lack of studies on the nursing profession using an integrative model, simultaneously focusing on the effects of authentic leadership and psychological empowerment on OCB, and time-related misbehaviours.

Method: Data were collected from 172 nurses in 28 Israeli public hospitals from questionnaires, and tardiness and absenteeism records. We tested our model using structural equation modelling (SEM).

Results: Nurses' perceptions of their head nurses as authentic leaders positively predicted psychological empowerment, while psychological empowerment positively predicted their OCB, tardiness and intent to leave the hospital. Psychological empowerment partially mediates the relationship between the nurses' perceptions of their head nurses as authentic leaders and OCB, tardiness and intent to leave the hospital.

Conclusions: Nurses' psychological empowerment and their head nurses' authentic leadership may increase the nurses' OCB, while simultaneously holding opposing behaviours.

Implications for Nursing Management: Nursing management should use the study measures to evaluate factors that can affect their nurses' effectiveness, including developing training programs to increase nurses' OCB.

KEYWORDS
authentic leadership, citizenship behaviours, nurses, psychological empowerment, time-related misbehaviours

1 | INTRODUCTION

Health care systems invest considerable resources in optimizing nursing performance outcomes at the workplace (Brady & Cummings, 2010). Psychological empowerment has been acknowledged as a means of improving employee performance (Dust, Resick, & Mawritz, 2014). However, there are few studies, especially in the nursing context, that have proposed an integrative framework, considering positive and negative behaviours related to psychological empowerment.

Ajzen (2012) constructed a model, showing that perceptions, attitudes and behaviours are strongly related. Accordingly, this study's goal was to investigate the role of nurses' psychological empowerment as a mediator between the nurses' perceptions of head nurses as authentic leaders, organisational citizenship behaviours (OCB) and time-related misbehaviours of tardiness, absenteeism and intent to leave the hospital.

We focused on the perception of authentic leadership and psychological empowerment since previous studies have shown that they

relate to nursing performance (Laschinger, Wong, & Grau, 2013). As for the consequences of psychological empowerment, we investigated the outcomes of OCB, time-related misbehaviour (i.e., tardiness, absenteeism, intent to leave the hospital), as previous research has noted their implications for management and organisational performance in the nursing context (e.g., Altuntas & Baykal, 2010).

2 | THEORETICAL BACKGROUND

2.1 | Psychological empowerment

Mishra and Spreitzer (1998) refer to psychological empowerment as an attitude reflected by a sense of control at the workplace. Based on previous studies (e.g., Knol & Van Linge, 2009), psychological empowerment mainly involves two dimensions in the nursing context: (a) *Meaning, determination and competence*—the perception of nurse's work as being valued, leading to a feeling of freedom at work; and (b) *Impact*—the perception of having an effect on processes and practices in the department.

2.2 | Authentic leadership as a prerequisite for psychological empowerment

Authentic leadership in health care has ethical significances (Laschinger et al., 2013). According to the literature (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008), it includes four dimensions: (a) *self-awareness*—awareness of strengths, weaknesses and influences on departmental processes; (b) *relational transparency*—promoting trust by sharing information; (c) *balanced processing*—analysing all relevant data when making decisions; and (d) *internal moral perspectives*—acting according to personal conscience in ethical cases.

In the nursing context, head nurses who are authentic leaders, who act honestly towards their nurses (Walumbwa et al., 2008), create an atmosphere of meaningfulness and independence at work. Such feelings are components of psychological empowerment (Joo et al., 2016). Therefore, we hypothesized that:

> H1. Nurses' perceptions of their head nurses as authentic leaders will positively predict their psychological empowerment.

2.3 | The consequences of psychological empowerment

Research recognizes the critical role employees' psychological empowerment plays in predicting positive or negative behaviours (e.g., Oyeleye, Hanson, O'Connor, & Dunn, 2013). In this context, this study aimed to examine the relationship of psychological empowerment to OCB and to nurses' time-related misbehaviours.

2.3.1 | Nurses' organisational citizenship behaviour (OCB)

Organisational citizenship behaviours in nursing is defined as the nurses' efforts to fulfil their roles beyond their defined responsibilities (Organ, 2017). Considering the nursing profession, OCB dimensions (Somech & Drach-Zahavy, 2004) can refer to: (a) patients (e.g., helping patients during lunch breaks or after workhours); (b) colleagues (e.g., partnership during fulfilment of tasks); and (c) organisational activities in the department (e.g., organizing social activities). Previous studies indicate that hospital departments depend on nurses' OCB, since formal departmental task definitions insufficient to cover all that is required at the workplace (Gupta, Agarwal, & Khatri, 2016). Wong and Laschinger's (2013) study on nurses indicate that psychological empowerment enhances OCB. Accordingly, we propose that head nurses who empower their nurses encourage them to increase their efforts beyond their defined roles. Therefore, we hypothesized that:

> H2. Nurses' psychological empowerment will positively predict their OCB.

2.3.2 | Nurses' time-related misbehaviours

Nurses' misbehaviours related to time, represented by *tardiness*, arriving after time for a shift (Karatepe, Karatepe, Avci, & Avci, 2017); *absenteeism*, a lack of attendance when the nurse is expected to be at his/her shift (Farquharson et al., 2012); and *intent to leave the hospital*, an expectation of vacating the hospital in the future, were found to be related to voluntary turnover (Han, Han, An, & Lim, 2015). The ineffective use of the department's time resources can harm the hospital's functioning and management. For example, nurses arriving late for their shift cause emotional stress to their colleagues, as they have no choice but to continue working until being replaced. Similarly, nurse absenteeism burdens the department's staff, especially when a replacement is not found. Additionally, nurses who intend to leave their position are not motivated and as a result are not effective (Shapira-Lishchinsky & Even-Zohar, 2011).

Previous studies indicate that when nurses feel independent, influential and that their work is meaningful (i.e., various dimensions of psychological empowerment), they are less likely to demonstrate tardiness, absenteeism and intent to leave the hospital (Wong & Laschinger, 2013). Therefore, we hypothesized that:

> H3. Nurses' psychological empowerment will relate negatively to the time-related misbehaviors of (a) tardiness, (b) absenteeism and (c) intent to leave the hospital.

Following the above discussion and in line with Ajzen's (2012) model, according to which perceptions, attitudes and behaviours are related, we propose that the nurses' psychological empowerment will mediate the relationship between the perception of the head nurses as

authentic leaders, nurses' OCB and their time-related misbehaviours. Consequentially, it follows that:

> H4. Nurses' psychological empowerment will mediate the relationship between their perceptions of head nurses as authentic leaders and their OCB.

> H5. Nurses' psychological empowerment will mediate the relationship between their perceptions of the head nurses as authentic leaders and their time-related misbehaviors of (a) tardiness, (b) absenteeism and (c) intent to leave the hospital.

Figure 1 summarizes the above study hypotheses.

3 | METHOD

3.1 | Sample

Data were collected from 172 nurses belonging to 28 Israeli public hospitals under the supervision of the Ministry of Health. The hospitals were located in different areas throughout Israel. We chose public hospitals to avoid differences in defining tardiness and absenteeism, which may vary according to hospital type (i.e., public or private). Among the research participants, there was an average of

about six nurses from each hospital, and within each hospital, each nurse worked in a different department.

Of the 172 nurses that agreed to participate (the response rate was 75%), 70.3% were female. The average tenure was 9.92 years (SD = 9.74). Overall, 68.1% of the nurses were tenured and the rest were hired on temporary contracts. These background data are similar to previous data from the Israeli Central Bureau of Statistics (2017) and are representative of the health care system in Israel.

3.2 | Data collection

We contacted the hospitals and received authorization from the hospitals' board of directors to perform the study. In the first step of data collection, randomly selected nurses received a document explaining the purpose of the research and were guaranteed anonymity. Nurses signed an informed consent form, which was distributed to them along with the questionnaire. The nurses then completed the anonymous questionnaire relating to perceptions of their psychological empowerment and personal background, in addition to their perceptions of their head nurse's authentic leadership. To guarantee anonymity, each nurse was asked to return the questionnaire in an envelope marked with a code by depositing it in a box that the researchers left in the department.

The second step of data collection regarding time-related misbehaviour was then carried out. During the first half of the year, tardiness
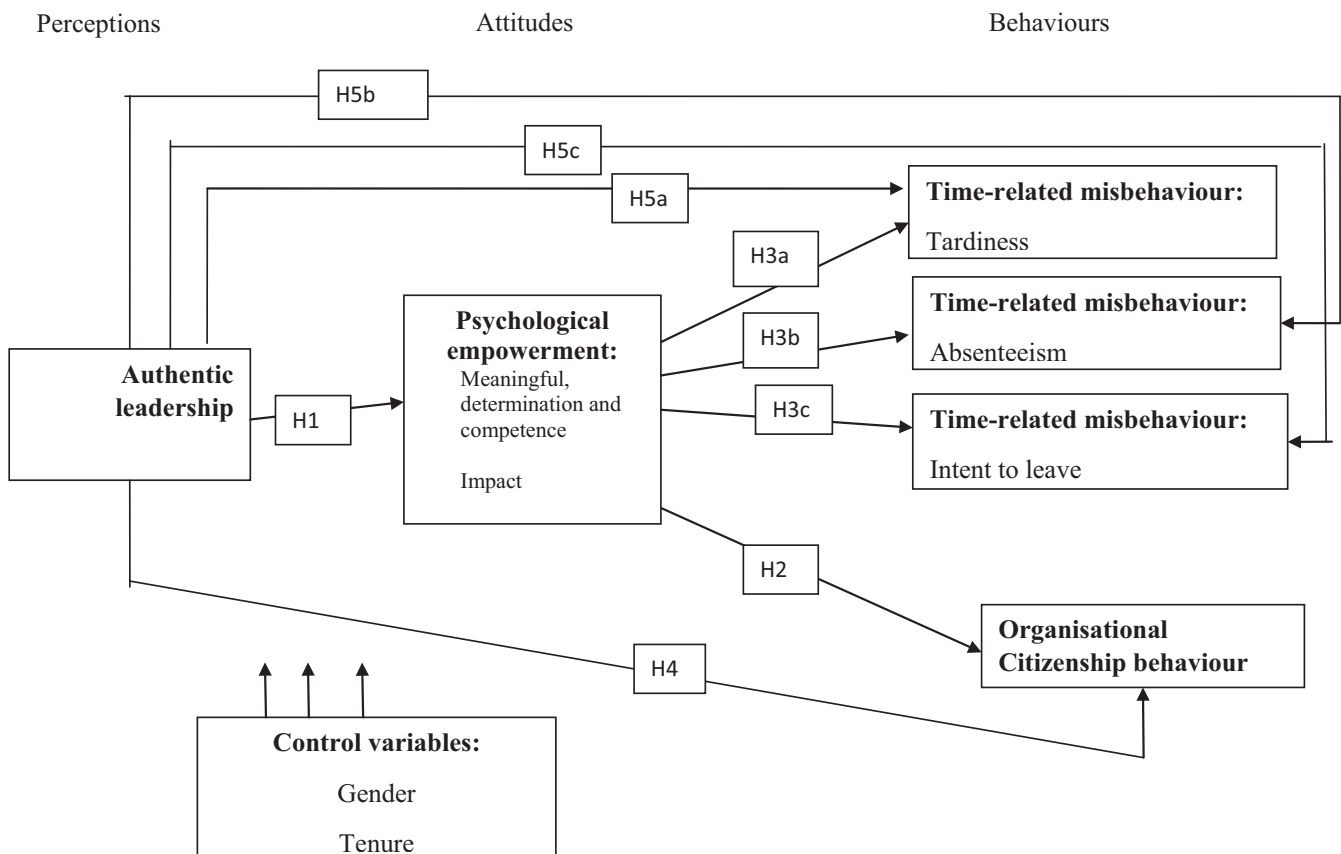

FIGURE 1 The suggested integrative model: Graphical representation of the study hypotheses

Measures	χ^2	df	CFI	TLI	IFI	RMSEA	χ^2/df
Authentic leadership	133.96	59	0.93	0.90	0.93	0.079	2.23
Psychological empowerment	9.88	8	0.99	0.98	0.99	0.030	1.15
OCB	85.72	32	0.95	0.91	0.95	0.076	2.68

Notes. The values of CFI, IFI and TLI are recommended to be greater than 0.90; RMSEA is recommended to be up to 0.05, and acceptable up to 0.08.
CFI: Comparative Fit Index; IFI: Incremental Fit Index; OCB: organisational citizenship behaviours; RMSEA: Root Mean Square Error of Approximation; TLI: Tucker-Lewis index.

was measured, and in the second half, absenteeism was measured. This was performed because absenteeism and tardiness are mutually exclusive (i.e., a nurse cannot be late during a week of absenteeism and vice versa). These anonymous first half-year tardiness records and second half-year absenteeism records, combined with the nurses' completed intent to leave the hospital questionnaire, were deposited by the nurses in envelopes marked with the original codes in the aforementioned boxes. The codes enabled the research team to match the envelopes from the first step to the envelopes from the second step.

3.3 | Measures

To analyse the internal structure of authentic leadership, psychological empowerment and OCB scales, we used confirmatory factor analysis (CFA). Table 1 presents the goodness-of-fit index for the research variables. As recommended in the literature (Kline, 1998), the following criteria of goodness-of-fit indexes were used to assess the model fit: the χ^2/df ratio is recommended to be <3; the values comparative fit index (CFI), incremental fit index (IFI) and Tucker-Lewis index (TLI) are recommended to be greater than 0.90; RMSEA is recommended to be up to 0.05, and acceptable up to 0.08. As shown in Table 1, all the proposed variables presented good fit indices.

Following are more details on the study factors:

3.3.1 | Nurses' perceptions of their head nurses as authentic leaders

To measure authentic leadership, we used Walumbwa et al.'s (2008) 16-item questionnaire. Based on CFA analysis, authentic leadership involves four dimensions: (a) *Self-awareness* refers to the leaders' awareness regarding their strengths and weaknesses as well as how their subordinates perceive them (e.g., "My head nurse asks for feedback in order to improve his/her relationship with others", α = 0.80); (b) *Relational transparency* refers to the degree to which leaders cultivate openness with their subordinates (e.g., "My head nurse admits when he/she is wrong", α = 0.87); (c) *Internalized moral reasoning* refers to the degree to which leaders establish norms regarding moral and ethical conduct (e.g., "My head nurse emphasizes values that fit his/her behaviour", α = 0.85); (d) *Balanced processing* refers to the degree to which leaders ask for subordinates' perspectives prior to making important decisions (e.g., "My head nurse analyses the relevant data before coming to conclusions", α = 0.76). Nurses responded on a 4-point Likert scale, ranging from *Never* (1) to *Always* (4).

3.3.2 | Nurses' perceptions of psychological empowerment

Psychological empowerment was assessed using Spreitzer's (1995) 12-item psychological empowerment questionnaire. Based on CFA analysis, psychological empowerment involves two dimensions: (a) *Impact* which measures both the nurses' perceived freedom at work and perceived influence on their department (e.g., "I can decide on my own how to do my job," α = 0.89); (b) *Meaning, determination and competence* refer to the nurses' perceived sense of purpose and personal connection to their work, also measuring the extent to which they are confident of being able to perform their tasks (e.g., "I know that I can do my work well," α = 0.80). Nurses responded on a 5-point Likert scale, ranging from *Strongly disagree* (1) to *Strongly Agree* (5).

3.3.3 | Nurses' perceptions of organisational citizenship behaviours

Somech and Drach-Zahavy's (2004) 19-item OCB scale was used. Based on CFA analysis, OCB involves three dimensions: (a) *the department* (e.g., "I voluntarily carry out many tasks and activities that are not officially required according to my job definition," α = 0.90); (b) *colleagues* (e.g., "I usually help novice nurses although it is not part of my role in the department," α = 0.65); (c) *patients* (e.g., "I'm used to staying at the department at lunch time or after my shift is over to help patients," α = 0.81). Nurses responded on a 5-point Likert scale, ranging from *Never* (1) to *Always* (5).

3.3.4 | Nurses' tardiness

To measure nurses' tardiness, we used hospital records. We calculated the number of times each nurse arrived six or more minutes after he/she was scheduled to arrive. Coming 6 min late or more was considered tardiness due to both the hospital's policy on this issue and because previous studies have shown that this time duration is normatively intolerable in numerous organisations (Karatepe et al., 2017).

3.3.5 | Nurses' absenteeism

The absenteeism frequency was also taken from hospital records and was defined as the number of times a nurse was missing during the period examined (Johns & Miraglia, 2015).

TABLE 2 Descriptive statistics and intercorrelation matrix for the study variables (N = 172)

		M	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Authentic Leadership (Total)	2.87	0.55	1														
2	Authentic Leadership: Balanced processing	3.06	0.70	0.79***	1													
3	Authentic Leadership: Relational Transparency	2.83	0.66	0.90***	0.65***	1												
4	Authentic Leadership: Self-Awareness	2.63	0.69	0.72***	0.60***	0.66***	1											
5	Authentic Leadership: Internalized moral reasoning	3.03	0.63	0.86***	0.70***	0.74***	0.57***	1										
6	Empowerment: Meaning, determination, and competence	4.16	0.77	0.32***	0.28***	0.36***	0.11	0.37***	1									
7	Empowerment: Impact	3.47	0.70	0.20***	0.04	0.20***	0.15*	0.17*	0.31***	1								
8	Intent to leave	3.87	1.13	0.21***	0.20***	0.25***	0.15*	0.19*	0.35***	0.01	1							
9	OCB—Colleagues	3.19	1.08	0.28***	0.15*	0.24**	0.32***	0.21**	0.29***	0.36***	0.18*	1						
10	OCB—Department	3.02	1.03	0.27***	0.15*	0.23**	0.33***	0.20**	0.20**	0.36***	0.15*	0.83***	1					
11	OCB—Patients	3.07	0.98	0.28***	0.14	0.29***	0.20**	0.25**	0.41***	0.36***	0.10	0.46***	0.44***	1				
12	Absenteeism	0.86	0.77	0.01	0.07	0.05	-0.05	-0.02	-0.02	0.12	0.04	-0.10	-0.02	-0.01	1			
13	Tardiness	0.95	0.92	-0.22***	-0.17*	-0.31***	-0.21**	-0.26**	-0.11	0.15*	-0.22**	-0.16*	-0.13	0.01	0.19*	1		
14	Tenure	9.92	9.71	-0.36	0.06	-0.04	-0.09	0.01	0.17*	0.15	0.25**	-0.09	-0.04	-0.10	0.02	0.06	1	
15	Gender	1.72	0.45	-0.04	0.01	-0.02	-0.10	0.03	0.15**	-0.02	0.04	-0.08	-0.01	0.01	-0.01	-0.09	0.10	1

Notes. OCB: organisational citizenship behaviour. Gender was coded 1 = *male*; 2 = *female*

* $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

3.3.6 | Nurses intent to leave their hospital

Intent to leave was assessed using Walsh's , Ashford, and Hill (1985) 5-item scale (e.g., "Lately, I'm looking for other job opportunities," α = 0.95). Nurses responded on a 5-point Likert scale, ranging from *Never* (1) to *Always* (5).

3.3.7 | Control Variables

We chose to control for gender and tenure because studies have shown correlations between these variables and time-related misbehaviours of intent to leave the hospital and OCB (Roelen et al., 2014; Trybou et al., 2014).

3.4 | Ethical considerations

Human Research Ethics Committee approval was obtained from both the lead university (number 130/15) and the participating hospitals. The study complied with the Helsinki Declaration and achieved implied consent through the voluntary, anonymous return of surveys.

3.5 | Data analysis

3.5.1 | Statistical analysis

We examined the mediating effect of psychological empowerment dimensions ("meaning, determination and competence," and "impact") on the relationship of head nurses' authentic leadership to nurses' OCB, time-related misbehaviours of tardiness, absenteeism and intent to leave the hospital. We tested our model using the structural equation modelling (SEM) approach proposed by Fiedler and Sivo (2015). The analysis was based on AMOS version 21. The SEM method facilitates testing for both full and partial mediation, and tests the significance of both the path from a predictor to a mediator and the path from the mediator to an outcome (Tofighi & MacKinnon, 2011).

Since SEM is principally based on model fitting and selection, several statistical measures were employed to specify how well the estimated models depicted the input data set. To measure the model's fit, we used numerous goodness-of-fit indices (Jöreskog & Sörbom, 1996), both absolute and relative. The mediation effects of the different dimensions of psychological empowerment, namely "meaning, determination and competence" and "impact" were tested by comparing an alternative model to a partially mediated model. We used the chi-square values (χ^2) as a statistical basis for comparing the relative fit of nested models.

A better fit of the partial model with a significant $\Delta\chi^2$ as compared to the full mediation model would suggest that the psychological empowerment dimensions of "meaning, determination and competence" and "impact" partially mediate the relationship of authentic leadership to OCB, and to the time-related misbehaviours of tardiness, absenteeism and intent to leave the hospital. Finally, we used the bootstrapping procedure, based on a 2,000 bootstrap sample sizes, to ascertain the presence of indirect effects (Preacher & Hayes, 2008). This approach is recommended when testing for mediation in small samples due to biased variance and standard error estimates using conventional mediation approaches (Hayes, 2015).

4 | RESULTS

The descriptive statistics and intercorrelations among the study's variables are presented in Table 2. The correlation pattern shown in Table 2 reveals several important insights. A positive relationship between nearly all the dimensions of authentic leadership and psychological empowerment was found ($0.20 < r < 0.37$; $p < 0.05$). Furthermore, significant and positive correlations were found between the two dimensions of psychological empowerment "meaning, determination and competence" and "impact," and the dimensions of OCB ($0.20 < r < 0.41$; $p < 0.01$). In addition, the results show positive correlations between the dimension of "meaning, determination and competence" of psychological empowerment, and intent to leave the hospital ($r = 0.35$, $p < 0.001$). Also, the "impact" dimension of psychological empowerment was positively and significantly related to tardiness ($r = 0.15$, $p < 0.05$). However, no significant correlation was found between the "meaning, determination and competence" and "impact" dimensions of psychological empowerment and absenteeism.

4.1 | Hypotheses testing

To investigate the mediation model, we used SEM to compare Model 1 (full mediation) with Model 2 (a partially mediated model). Model 1 hypothesizes that the dimensions of psychological empowerment, namely "meaning, determination and competence" and "impact" among nurses fully mediates the relationships between authentic leadership, OCB and time-related misbehaviours (tardiness, absenteeism, intent to leave the hospital). The partial mediation model (Model 2) considers the dimensions of psychological empowerment "meaning, determination and competence" and "impact" as partial mediators between authentic leadership and the proposed outcomes. Thus, Model 2 was similar to the full mediation model (Model 1) but with added paths from the independent factor (authentic leadership) to the dependent variables (OCB, tardiness, absenteeism and intent to leave the hospital).

The results of the full mediation model (Model 1) presented an acceptable fit to the data ($\chi^2(62) = 134.23$; CFI = 0.908; IFI = 0.913; RMSEA = 0.083). However, the alternative model, the partial one (Model 2), showed goodness-of-fit indices ($\chi^2(59) = 116.68$; CFI = 0.927; IFI = 0.931; RMSEA = 0.076) that were significantly better than the full mediation model (Model 1), $\Delta\chi^2(3) = 17.55$, $p < 0.01$. These results suggest that Model 2 fits the data better than Model 1.

The SEM in Figure 2 summarizes the partial mediation model (Model 2). In this study, we controlled for nurses' tenure and gender in testing all the hypotheses. These control variables were significant (see Figure 2 for statistics).

H1 focuses on the relationship between nurses' perceptions of their head nurses as authentic leaders and their psychological
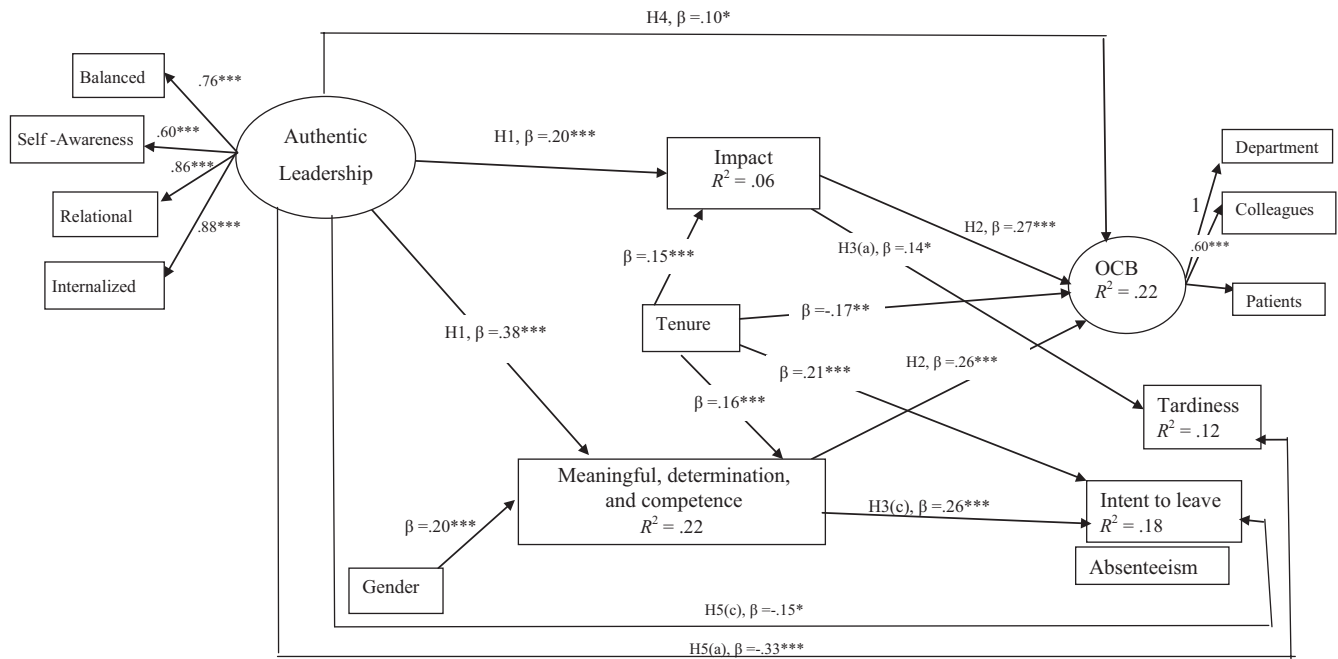
FIGURE 2 Psychological empowerment as partial mediator in an integrative model. Standardized parameter estimates for the theoretical model; *p < 0.05; **p < 0.01; ***p < 0.001 (χ^2/df = 1.978; CFI = 0.927, IFI = 0.931, RMSEA = 0.076)

empowerment. The findings in Figure 2 indicate that perceived authentic leadership is positively and significantly related to the dimensions of psychological empowerment termed "meaning, determination and competence" (β = 0.38, p < 0.001) and "impact" (β = 0.20, p < 0.01). Our findings fully confirm H1.

H2 focuses on the relationship between psychological empowerment dimensions of "meaningful, determination and competence," "impact" and OCB among nurses. Results indicate positive and significant relationships between the dimensions of psychological empowerment "meaning, determination and competence," "impact" and OCB (β = 0.26 p < 0.001; β = 0.27, p < 0.001, respectively). These findings fully confirm H2.

H3 focuses on the relationship between psychological empowerment among nurses and their time-related misbehaviours of tardiness (H3a), absenteeism (H3b) and intent to leave the hospital (H3c). Contrary to our hypothesis (H3a and H3c), results indicate a positive and significant relationship between "impact" and tardiness (β = 0.14, p < 0.05) as well as between "meaning, determination and competence" and intent to leave the hospital (β = 0.26, p < 0.001). No relationship was found for absenteeism.

H4 concerns the mediating role of the nurses' psychological empowerment dimensions of "meaning, determination and competence" and "impact" between perceived head nurses as authentic leaders and nurses' OCB. The results indicate that the psychological empowerment dimensions of "impact" and "meaning, determination and competence" partially mediate the relationship between perceived authentic leadership and OCB confirming H4.

H5 concerns the mediating role of the nurses' psychological empowerment dimensions of "meaning, determination and competence"

and "impact" between perceived authentic leadership and time-related misbehaviours of tardiness (H5a), absenteeism (H5b) and intent to leave (H5c). The results indicate that "meaning, determination and competence" partially mediate perceived head nurses' authentic leadership's relationship to nurses' intent to leave the hospital, providing partial support to H5c, whereas "impact" is a partial mediator in the relationship between perceived head nurses' authentic leadership and nurses' tardiness providing partial support to H5a.

Bootstrap analyses indicate that the indirect effect of head nurses' authentic leadership via "impact" on nurses' OCB is 0.28 (lower bound = 0.10, upper bound = 0.50, p = 0.002) and on nurses' tardiness is 0.03 (lower bound = −0.10, upper bound = 0.17, p = 0.66). Similarly, the indirect effect of head nurses' authentic leadership via "meaning, determination and competence" on nurses' OCB is 0.28 (lower bound = 0.10, upper bound = 0.50, p = 0.002) and on nurses' intent to leave is 0.23 (lower bound = 0.07, upper bound = 0.47, p = 0.001; see Table 3).

5 | DISCUSSION

Investigating the role of psychological empowerment using an integrative model of perception-attitudes and behaviours among nurses was the main aim of this study. Our results show that nurses' perceptions of their head nurses as authentic leaders increases the "impact" dimension of psychological empowerment, which in turn increases nurses' OCB and tardiness, while the nurses' perceptions of their head nurse's authentic leadership also increases the dimension of "meaning, determination and competence," which in turn increases nurses' intent to leave the hospital.

TABLE 3 Result of structural equation modelling for predicting the relationship of authentic leadership to impact and meaning, determination and competence (mediators) on OCB, tardiness and intent to leave (outcomes variables)

| | | | | Bootstrapping | |
| | X-M | M-Y | Mediation | Confidence interval | |
Mediation pathway	Path a	Path b	Effect	Upper	Lower
Authentic Leadership → meaning, determination, and competence → OCB	0.38***	0.26***	0.28**	0.50	0.10
Authentic Leadership → meaning, determination, and competence →Intent to leave	0.38***	0.26***	0.23**	0.47	0.07
Authentic Leadership → Impact → OCB	0.20***	0.27***	0.28**	0.50	0.10
Authentic Leadership → Impact → Tardiness	0.20***	0.14*	0.03	0.17	−0.10

*$p < 0.05$ **$p < 0.01$ ***$p < 0.001$

When nurses perceive their head nurses as authentic leaders who allow for exercising influence on what happens in the department (e.g. the "impact" dimension of psychological empowerment), the nurses are encouraged to improve their functioning and perform above and beyond their formal role definitions (OCB). The increase in voluntary tardiness in this case can be explained in that nurses who perceive themselves as influential in their department may be delayed to deal with issues related to their department prior to their shifts, which then overflows into their work hours, causing them to be tardy.

Moreover, when the head nurse is perceived as an authentic leader who encourages nurses towards "meaning, determination and competence," nurses feel that they are appreciated for their level of expertise by their colleagues, leading them to behave as models for other nurses, thus increasing their OCB. In this case, the increase in their intent to leave their current position can be explained by their perception of professional respect due to their colleagues' appreciation, as well as their own feeling of control. This may encourage them to seek other opportunities to promote themselves by switching to other hospitals, possibly to management positions.

The insignificant relationship found between "impact" and absenteeism may be explained by the rigid regulations and rules regarding nurses' absenteeism, including impacting their salaries, revealing that their perceptions and attitudes are not considered significant enough regarding the absenteeism regulations. These findings suggest that nurses can simultaneously hold opposing attitudes and behaviours: on the one hand, they may be late and willing to leave the hospital, yet on the other hand, they will act above and beyond expectations out of a sense of professional responsibility (OCB).

5.1 | Limitations and future studies

Nurses' perceptions reflected by their self-reported questionnaires are a potential source of data inaccuracy. However, this inaccuracy is mitigated by the fact that the tardiness and absenteeism records are not self-reported. Moreover, previous research suggests that self-reported data are not as restricted as previously supposed (Alper, Tjosvold, & Law, 1998). Thus, the activities described by the nurses were probably demonstrative of the actual situation. Also, in line with Podsakoff's, MacKenzie, Lee, and Podsakoff (2003) recommendations, we clearly emphasized the anonymity of the participants and they were assured that there were no right or wrong answers, thus minimizing common method variance and reducing the potential for inaccuracy.

Finally, this study focuses on outcomes, with only a few indicators relating to the quality and effectiveness of hospitals. Future studies should consider additional indicators of quality and effectiveness, such as burnout and turnover.

6 | CONCLUSIONS

This study broadens our perspective regarding Ajzen's (2012) model in the nursing context by suggesting an integrative model, focusing on the important role of psychological empowerment as a mediator between perceived head nurses as authentic leaders and time-related misbehaviours and OCB among their nurses. The study's findings indicate that it is essential to devote attention to nurses' psychological empowerment and their head nurses' authentic leadership to increase departmental effectiveness.

7 | IMPLICATIONS FOR NURSING MANAGEMENT

The findings reflect the advisability of nursing management (i.e., head nurses) to develop authentic leadership, as this will empower nurses and increase their OCB. Directives should be taken at both the team and organisational levels to decrease tardiness and intent to leave and increase the nurses' OCB. *At the team level*, head nurses should encourage participating in workshops that are designated to increase their authentic leadership, thus psychologically

empowering their nurses and hopefully increasing OCB in the health care systems. Additionally, counselling teams for head nurses can help those who are capable of providing mutual support in developing authentic leadership. At the *organisational level*, professional development programs should be implemented for nurses to increase their psychological empowerment perceptions. This can increase their OCB and reduce the nurses' time-related misbehaviours. In addition, at this level, incentivizing OCB behaviours and making sure that nurses are aware of the benefits, can effectively increase OCB and reduce time-related misbehaviours.

Lastly, nurse managers can use the study questionnaires and the suggested integrative model to evaluate their department, identify difficulties and plan to reduce nurses' tardiness, intent to leave and absenteeism and increase their OCB. Additionally, nursing management should use the measures suggested in this study to define factors that affect nurses' psychological empowerment, and their OCB.

ETHICAL APPROVAL

Human Research Ethics Committee approval was obtained from both the lead university (number 130/15) and the participating hospitals.

ORCID

Orly Shapira-Lishchinsky http://orcid.org/0000-0002-5611-5638

Pascale Benoliel https://orcid.org/0000-0001-8896-7889

REFERENCES

Ajzen, I. (2012). The theory of planned behavior. In I. Ajzen, P. A. M. Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology 1* (pp. 438–459). London, UK: Sage.

Alper, S., Tjosvold, D., & Law, K. S. (1998). Interdependence and controversy in group decision making: Antecedents to effective self-managing teams. *Organizational Behavior and Human Decision Processes*, *74*(1), 33–52. https://doi.org/10.1006/obhd.1998.2748

Altuntas, S., & Baykal, U. (2010). Relationship between nurses' organizational trust levels and their organizational citizenship behaviors. *Journal of Nursing Scholarship*, *42*(2), 186–194. https://doi.org/10.1111/j.1547-5069.2010.01347.x

Brady, G. P., & Cummings, G. G. (2010). The influence of nursing leadership on nurse performance: A systematic literature review. *Journal of Nursing Management*, *18*(4), 425–439. https://doi.org/10.1111/j.1365-2834.2010.01100.x

Dust, S. B., Resick, C. J., & Mawritz, M. B. (2014). Transformational leadership, psychological empowerment, and the moderating role of mechanistic–organic contexts. *Journal of Organizational Behavior*, *35*(3), 413–433. https://doi.org/10.1002/job.1904

Farquharson, B., Allan, J., Johnston, D., Johnston, M., Choudhary, C., & Jones, M. (2012). Stress amongst nurses working in a healthcare telephone-advice service: Relationship with job satisfaction, intention to leave, sickness absence, and performance. *Journal of Advanced Nursing*, *68*(7), 1624–1635. https://doi.org/10.1111/j.1365-2648.2012.06006.x

Fiedler, B. A., & Sivo, S. A. (2015). Testing Baron and Kenny's preliminary conditions for mediating or moderating variables in structural equation modeling. *Advances in Social Sciences Research Journal*, *2*(8), 23–42.

Gupta, V., Agarwal, U. A., & Khatri, N. (2016). The relationships between perceived organizational support, affective commitment, psychological contract breach, organizational citizenship behaviour and work engagement. *Journal of Advanced Nursing*, *72*(11), 2806–2817. https://doi.org/10.1111/jan.13043

Han, S. S., Han, J. W., An, Y. S., & Lim, S. H. (2015). Effects of role stress on nurses' turnover intentions: The mediating effects of organizational commitment and burnout. *Japan Journal of Nursing Science*, *12*(4), 287–296.

Hayes, A. F. (2015). An index and test of linear moderated mediation. *Multivariate Behavioral Research*, *50*(1), 1–22. https://doi.org/10.1080/00273171.2014.962683

Israeli Central Bureau of Statistics (2017). *Labor data based on reports*. Jerusalem, Israel: Ministry of Health. (in Hebrew).

Johns, G., & Miraglia, M. (2015). The reliability, validity, and accuracy of self-reported absenteeism from work: A meta-analysis. *Journal of Occupational Health Psychology*, *20*(1), 1–23.

Joo, B. K., Joo, B. K., Lim, D. H., Lim, D. H., Kim, S., & Kim, S. (2016). Enhancing work engagement: The roles of psychological capital, authentic leadership, and work empowerment. *Leadership & Organization Development Journal*, *37*(8), 1117–1134. https://doi.org/10.1108/LODJ-01-2015-0005

Jöreskog, K. G., & Sörbom, D. (1996). *LISREL 8: User's reference guide*. Mooresville, IN: Scientific Software International.

Karatepe, O. M., Karatepe, O. M., Avci, T., & Avci, T. (2017). The effects of psychological capital and work engagement on nurses' lateness attitude and turnover intentions. *Journal of Management Development*, *36*(8), 1029–1039. https://doi.org/10.1108/JMD-07-2016-0141

Kline, R. B. (1998). *Principles and practice of structural equation modeling*. New York, NY: The Guilford Press.

Knol, J., & Van Linge, R. (2009). Innovative behaviour: The effect of structural and psychological empowerment on nurses. *Journal of Advanced Nursing*, *65*(2), 359–370. https://doi.org/10.1111/j.1365-2648.2008.04876.x

Laschinger, H. K. S., Wong, C. A., & Grau, A. L. (2013). Authentic leadership, empowerment and burnout: A comparison in new graduates and experienced nurses. *Journal of Nursing Management*, *21*(3), 541–552. https://doi.org/10.1111/j.1365-2834.2012.01375.x

Mishra, A. K., & Spreitzer, G. M. (1998). Explaining how survivors respond to downsizing: The roles of trust, empowerment, justice, and work redesign. *Academy of Management Review*, *22*, 567–588. https://doi.org/10.5465/amr.1998.926627

Organ, D. W. (2017). Recent developments in research pertaining to Organizational Citizenship Behavior (OCB). *Annual Review of Organizational Psychology and Organizational Behavior*, *5*(1), 301–342.

Oyeleye, O., Hanson, P., O'Connor, N., & Dunn, D. (2013). Relationship of workplace incivility, stress, and burnout on nurses' turnover intentions and psychological empowerment. *Journal of Nursing Administration*, *43*(10), 536–542. https://doi.org/10.1097/NNA.0b013e3182a3e8c9

Podsakoff, P. M., MacKenzie, S. B., Lee, J. Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology*, *88*(5), 879–893. https://doi.org/10.1037/0021-9010.88.5.879

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, *40*(3), 879–891. https://doi.org/10.3758/BRM.40.3.879

Roelen, C., Rhenen, W., Schaufeli, W., Klink, J., Magerøy, N., Moen, B., & Pallesen, S. (2014). Mental and physical health-related functioning mediates between psychological job demands and sickness absence among nurses. *Journal of Advanced Nursing*, *70*(8), 1780–1792. https://doi.org/10.1111/jan.12335

Shapira-Lishchinsky, O., & Even-Zohar, S. (2011). Withdrawal behaviors syndrome: An ethical perspective. *Journal of Business Ethics*, *103*(3), 429–451.

Somech, A., & Drach-Zahavy, A. (2004). Exploring organizational citizenship behavior from an organizational perspective: The relationship between organizational learning and organizational citizenship behaviour. *Journal of Occupational and Organizational Psychology*, 77(3), 281–298.

Spreitzer, G. M. (1995). Psychological empowerment in the workplace: Dimensions, measurement, and validation. *Academy of Management Journal*, 38(5), 1442–1465.

Tofighi, D., & MacKinnon, D. P. (2011). RMediation: An R package for mediation analysis confidence intervals. *Behavior Research Methods*, 43(3), 692–700. https://doi.org/10.3758/s13428-011-0076-x

Trybou, J., Germonpre, S., Janssens, H., Casini, A., Braeckman, L., Bacquer, D. D., & Clays, E. (2014). Job-related stress and sickness absence among Belgian Nurses: A prospective study. *Journal of Nursing Scholarship*, 46(4), 292–301. https://doi.org/10.1111/jnu.12075

Walsh, J. P., Ashford, S. J., & Hill, T. E. (1985). Feedback obstruction: The Influence of the information environment to employee turnover intentions. *Human Relations*, 38, 23–46.

Walumbwa, F. O., Avolio, B. J., Gardner, W. L., Wernsing, T. S., & Peterson, S. J. (2008). Authentic leadership: Development and validation of a theory-based measure. *Journal of Management*, 34(1), 89–126. https://doi.org/10.1177/0149206307308913

Wong, C. A., & Laschinger, H. K. (2013). Authentic leadership, performance, and job satisfaction: The mediating role of empowerment. *Journal of Advanced Nursing*, 69(4), 947–959. https://doi.org/10.1111/j.1365-2648.2012.06089.x