THE ANTECEDENTS OF TASK PERFORMANCE AND ORGANIZATIONAL CITIZENSHIP BEHAVIOR: A CASE STUDY

RABAIL JAMSHED

MS-HRM 2K-15

A thesis submitted to NUST Business School for the degree of Master of Science in Human Resource Management

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THESIS ACCEPTANCE CERTIFICATE

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ABSTRACT

This study was conducted in contribution to the existing literature of Human Resource Management practices adopted in the healthcare sector of Pakistan. The study aims to explore the impact of structural empowerment, authentic leadership, and professional nursing practices on organizational citizenship behaviour and task performance in hospitals and clinics. In literature this particular area has not attracted the attention of researchers specifically in the field of healthcare in Pakistan. This has had the result of producing very high turnover rates for nurses, negative taboos associated with the field, professional and social difficulties for nurses to perform their tasks and mismanagement from the policy makers in the field. The core objective of the study was to observe the organizational behaviour of nurses, track their performance, and identify the factors affecting them. To analyse these factors, the study was designed as an exercise in quantitative data collection and research, conducted in a real life hospital.

Literature review had indicated that the performance of nurses has significantly decreased over the past few years, hence providing an ideal scenario for the study conducted. Regression analysis was conducted through SPSS to check the relationship of independent and dependent variables. The analysis performed on the data collected from 271 nurses supported the hypotheses and proved a positive relationship between the variables selected for the study. The results indicate that there is a significant impact of structural empowerment, authentic leadership and professional nursing practice environment on task performance and OCB of nurses. Therefore, management should encourage the culture of empowerment for nurses so that their performance can be improved. Training programs should also be designed in order to train fresh graduate nurses and also those who are experienced but are in need of training to improve their performance.

CHAPTER 01: INTRODUCTION

The demand for healthcare services for the development of better human life is putting a great strain on improvement of healthcare sector at national level. The sustainability of health sector not only rests on good food and medicine practices but also on the role of nursing sector (Janice Smolowitz, 2015). Government of many underdeveloped countries are focusing on distribution of responsibilities between different healthcare personnel specifically nurses due to shortage of general practitioners and experts of specific diseases (Kazemipour, 2012). In underdeveloped countries, midwives and nurses are considered to be direct care providers for the patients and are considered as major role players. However, like most Asian countries, there are many taboos related to this profession in Pakistan as well. Even in this era, it is considered to be one of the low esteem jobs. Amongst these misconceptions the most popular are, nursing sector is only for women, nurses should not be paid well, disrespectful profession, nurses are illiterate women. These misconceptions result in a drastic impact on health sector, hospitals still rely on physician's test/evaluations and caretaking while attending to patients. They are unable to carry out their basic job responsibilities let alone aim for looking forward to excel in their job or achieve a managerial position in this field. They cannot set any goals of their betterment, the internal and external hurdles set by society become a challenge on every step hence ending up to either making them stay stuck at one position to earn for basic commodities of life or all together quitting this profession (Chan, McBey, Basset, O'Donnell & Winter, 2004).

The major external factors influencing the job of nurses include factors like perception of the profession to be considered inferior, wrong expectations from character of female nurses, and a taboo that male members cannot serve as nurses.

The internal factors are far more influential when it comes to performance of existing staff, retention and better work opportunities hence resulting in patient dissatisfaction and inefficient service delivery. The major internal factors include shape of poor management structures, lack of leadership, lack of proper training and development of employees, job stress due to labor shortage, lack of professional respect (Yvonne Brunetto, Rod Farr-Wharton, Kate Shacklock, 2016).

Management structure plays an immense role in health care; it clears out the ambiguities like who reports to whom in terms of authority, responsibility and communication. A structured organization will draw clear lines of power and responsibilities assigned to healthcare practitioners as well as nurses. The control and coordination work hand in hand, it makes sure the proper transfer of information as well (Cziraki, Laschinger, 2015). With the negative taboos associated with nursing profession, management philosophy plays a huge part. Management philosophy defines the set of beliefs used by the higher authority like supervisors and doctors to make decisions. A positive philosophy will give direction and cohesion to an organization where as a negative philosophy results in higher turnover rate. When it comes to nursing, the leadership philosophy has a huge impact (Nica, 2016). It provides clarity for decision-making at critical situations, helps to inspire the nursing staff and motivate them to serve the customers to save human lives. Training and development yet again plays a dynamic role in employee satisfaction and retention which results in good performance as well. Training is specifically for new employees whereas development is an ongoing process to improve the skills of existing employees.

In our society, health sector employees face a lot of challenges in shape of poor management structures, weak management philosophies and lack of leadership in hospitals. These three major characteristics are far more important for health sector than any other field. Therefore, the focus was particularly on the authentic leadership, workplace trust and professional learning practices as well as authentic leadership traits (Nishtha Malika, 2016).

Different studies highlight the importance of organizational citizenship behavior (OCB). OCB is an unrestricted and undetermined behavior of employees that contribute to functioning of any organization efficiently and effectively. Despite the formal requirements, organizational citizenship behavior is an employee's personal choice. It composes of two dimensions: organizational orientation and interpersonal orientation. The organizational orientation associates with willingness of employees to put maximum and additional efforts on behalf of organization. On other hand, interpersonal orientation associates with willingness of employees for assisting co-workers and staff. Effective and efficient leadership can be regarded as an antecedent for the required organizational citizenship behavior. OCB for health care is considered as a prestigious work and requires characteristics like care and compassionate attitude. Leaders can play a positive

role by gaining the trust of their employees to enhance their workplace performance and add positive OCB traits in them (Yucheng Zhang, 2019). However, poor management practices, resources constraints, negative working conditions and split heath care systems result in huge threats and job hindrance. It also affects the interpersonal orientation of organizational behavior (B Afsar, 2017).

In any organization, structural empowerment is the capability in order to mobilize associated resources and get the things done and it requires six organizational structures like learning opportunity, access to information, support resources, informal power, and formal power. The nursing staff with insufficient support by organizational empowerment structure has less ambition level and commitment. The structural empowerment combined with authentic leadership results in enhancing positive psychological capacity, life experience and moral perspective which further results in positive organizational climate of work, promotes optimistic self-regulated activities and self-awareness. Nursing shortage is a real threat. The management is forced to retain nurses who are eligible to retire. Several studies have been conducted to pinpoint the role of structural empowerment to attract new nursing staff (S Boamah, 2015). In any organization work empowerment is considered as one of the major aspects that can influence an individual's performance and organizational commitment. Structural empowerment acts as a mediator between influences of leaders' on work engagement of the employees. However, there is still a gap between finding the relationship of structural empowerment and its influence on nursing staff performance and more studies need to be conducted to help the hospital management to attract new staff members, train and retain them (L Meng, 2016).

In Pakistan, the working conditions for nurses is far from satisfactory due to various reasons, and amongst those reasons, authentic leadership plays a very crucial role. Leadership in any profession not only provides guidance for carrying out tasks in a structural manner, but also gives a guideline for improvement. The role of leadership is as crucial for health sector as it is for any other profession. A study conducted in state of Uttarakhand shows a direct relationship between authentic leadership and employees' creativity (Nishtha Malik, 2017). Authentic leadership acts as a role model for self-efficacy, which in return helps to lower job turnover. In this study, the role of authentic leadership and its effects on health sector were studied. Authentic leadership has been

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considered as the major factor to recruit and retain nursing staff since it helps to build up healthy work environment, trust amongst staff and their leaders hence resulting in increased OCB. Professional practices are a key to achieving organizational goals. Like any other profession, health care sector has numerous professional practices to follow. With proper guidance and role models, nursing department can be motivated to go an extra mile to save human sufferings and lives.

In Pakistan, the healthcare sector has a high mortality rate. This is partially due to lack of trained and skilled nurses along with lack of empowerment. The mortality rate can be decreased by providing adequate knowledge and skills to the nursing staff. This can serve as an instrument of change (Ariff, et al., 2010). Pakistan has one of the best public health infrastructures in Asia but even then Pakistan's poor health statistics indicate towards lack of good care quality and absence of standard principles. The shortage of trained healthcare personnel also plays a major role. Pakistan stands on eighth highest rate of neonatal death amongst Asian countries. This issue needs to be resolved through proper training programs that are well designed as per the specific needs of the healthcare staff. It can bring a significant change in their knowledge and expertise which will ultimately lead to better healthcare outcomes (Khowaja & Khurshid, 2018).

Pakistan's public healthcare institutes work as integrated hierarchal units. The nurses are employed in health sector that is centralized under federal and provincial ministries of health. The developing countries lack appropriate human resources that are essential to deliver important health interventions. A health institute that lacks in the number of nurses cannot function properly. The suggested nurse to doctor ratio is 4:1 whereas in Pakistan it is 2.7 doctors to 1 nurse (Hamid, Malik, & Ramzan, 2014). According to a research, all the nurses joined this profession with their own choice but the survey indicated dissatisfaction among them with their jobs. A well trained workforce, organizational environment, distribution of work and working conditions have been reported to contribute towards improvement in their commitment towards the organization as well as improving over-all performance. In order to bring a change, simple practices need to be adopted including better management practices in order to retain the nurses. There is shortage of nursing staff in Pakistan to be seen in recent years making nurses to be a valuable resource. The major reason is that most of the nurses go for emigration to developed countries because of better salary and job prospects. As per the report of World Health Organization, Pakistan has been reported to

be one of the fifty seven countries that have serious workforce deficiency. Although there are 109 nursing schools and colleges in the country, shortage of nurses is still a problem of national concern with over 44,000 registered nurses in Pakistan (Khowaja & Khurshid, 2018).

1.1 BACKGROUND OF RESEARCH

It is a known fact that nurses are a vital part of health care departments in any country. In third world countries like Pakistan, they are major role players in rural areas in form of midwives. Furthermore, research has proved that nurses are well informed about social determinants of life in rural area, determinants like food, clean water, sanitary conditions etc. (Chen, 2012). Hence they are advocates of health care promotion. The research shows the inadequate recruitment and high turnover rate of nurses in Pakistan results in inadequate numbers to full-fill the up-growing population needs (SS Zahra, 2018). The lack of planning, structural empowerment and un-authentic leadership can be the main cause of high turnover rate and shortage of nurses in health care departments (Heather K. Spence Laschinger, 2016). The lack of leadership in any field results in negative practices in work environment. Similarly, for nurses, it results in negative taboos related to this profession. Hence the factors like authentic leadership, work engagement and job satisfaction play mediating role in the health care sector of Pakistan (MA Qureshi, 2018).

1.2 STATEMENT OF THE PROBLEM

Nurses comprised of largest chunk of health care professional in developing as well as developed countries and are always in front-line in the care of hospitals and patients (Antoinette Bargagliotti, 2012). The performance of nurses in health care departments of private and public hospitals is declining due to a few major problems like bad working conditions in hospitals, less secure environment for female nurses and low pay scales. The insufficient staff number of nurses also results in making the job tasks more difficult. The importance of nurses in healthcare departments cannot be ignored. Therefore, it is vital to focus on the reasons leading to decline in their job performance and organizational citizenship behavior. Furthermore, work performance of nurses and their engagement increases the patient care quality and it also asserted that best patient outcome is a result of nurses' work in a supportive situation (Stimpfel, Sloane, McHugh, & Aiken, 2016).

Organizational leaders should exhibit the autonomy and trust in order to encourage the engagement of nurses, as these attitudes are congruent and similar with intrinsic values of nursing aptitude (Antoinette Bargagliotti, 2012). A study conducted in China by Yucheng Zhang, Guangjian Liu, Jiali Duan, Shan Xu, and Mike W.L. Cheung (2019) indicates that interactional justice serves as conduit that induces employees' organizational citizenship behavior in response to leaders' ethical behaviors.

Senior nurses are likely to engage in a range of leadership activities in their daily routine. Leadership is multifaceted process of identifying a goal or target, motivating other staff members to act, and providing support and motivation to achieve mutually negotiated goals. For senior nurses to play this role, structural empowerment of the hospital plays the major role. Structural empowerment enables the experienced nurses to contribute in betterment of the care services provided to the patients as well as in critical situations where other staff members are not available. Positive work environment characteristics are important for nurses' perceptions of patient care quality and job satisfaction. Positive work environment results in retention of nurses as well. Creating a positive work environment for nurse is the responsibility of doctors and management staff. Authentic leadership plays its part to establish empowering professional practice environment (Spence Laschinger, 2015). The Pakistani context is deficient in this subject and lacks adequate research and practices adopted through research in healthcare field. Hence, there is a dire need to study the relationship of authentic leadership, structural empowerment and professional nursing practices with task performance and organizational citizenship behavior.

1.3 AIM OF THE STUDY

The study aims to find the role of authentic leadership, structural empowerment, professional nursing practice environment and their impact on organizational citizenship behavior of nurses and task performance (Regan, Laschinger & Wong, 2016). The main purpose of this research is to make sure the researcher and the reader develops in depth knowledge about the factors that could impact the task performance and organization citizenship behaviour of nurses. After identifying the gap in literature, the research focuses on three independent variables leading towards impact on task performance and organization citizenship behaviour. The impact of the variables is tested

to make the relationship clear through a systematic approach. Suggestions are provided to highlight ways that can positively impact the task performance and OCB of nurses.

1.4 RESEARCH OBJECTIVES

The declining performance of the nurses is the main concern of health care units. Since the performance of nurses is resulting in high turnover rates and low recruitments. Therefore, the objectives of this research include:

1. To understand the relationship of Structural Empowerment with Task performance and OCB. The findings will help the management of the institute to formulate future development plan to combat the burnout and ensure effective overall performance of employees through structurally empowering them.

2. To evaluate the impact of Authentic Leadership on Task performance and OCB. This will help to understand the significance of Authentic Leadership in a health care institute so that good leadership practices can be promoted at workplace that will lead to resolving the issue of employee commitment towards the organization along with improved performance.

3. To study the relationship of Professional Nursing Practice Environment with Task Performance and OCB in order to assess if this relationship can have a positive impact on employees' performance and OCB. This will help implement practices that will achieve the desired level of performance and commitment from the employees and same can be followed by other institutes.

4. To suggest ways which may improve task performance and OCB. The purpose is to understand various antecedents of organizational citizenship behavior (OCB) and task performance and to provide recommendations to management as to how these two variables can be improved.

1.5 SIGNIFICANCE AND SCOPE OF THE STUDY

With declining number of recruitment of nurses, high turnover rates and the job still being a taboo, there is a dire need to study the factors affecting this profession. Nurses play a major role in

contributing for the better healthcare department of a country therefore the focus should be on the reasons leading to decrease in their performance and organization citizenship behavior (Hino, 2012). The research is significant as it has combined all the constructs that were not tied together before as per researcher knowledge. No direct relationship was studied among structural empowerment, authentic leadership and professional nursing practice environment with task performance and organization citizenship behavior (Regan, Laschinger & Wong, 2016), which is now clear through a systematic approach for testing the variables.

The research had time and resources constraints and hence is cross sectional research. The data was collected from one of the prime hospitals of the capital city of Pakistan; however the results can affect the entire infrastructure of nurses in health care sector of the country. The sample size is representative of the population in the given context and is suitable for generalization through inclusion of relevant population and sample size. The study will not consider long term changing relationships of variables as it is a cross sectional study and the data is gathered within a limited time frame. The aim was to study the direct relationship of structural empowerment, authentic leadership and professional nursing practice environment in the hospital and the perspective of the nurses of how these variables are having an impact on their task performance and organizational citizenship behavior (Regan, Laschinger & Wong, 2016).

CHAPTER 02:   LITERATURE REVIEW

2.1 INTRODUCTION

This chapter comprises of literature review for structural empowerment, authentic leadership and professional nursing practice environment and their task performance and organizational citizenship behavior of nurses. In addition, research framework and hypotheses are also mentioned in the chapter.

2.2 TASK PERFORMANCE

Task performance is the effectiveness of a person to complete his core job responsibilities that are associated with one's role in the organization. Task performance contributes towards the achievement of organization's core objectives. It measures the contribution of an employee towards the performance of organization by measuring the effectiveness of his role or task fulfillment (Kehoe, Lepak & Bentley, 2016). In hospitals, the performance of nurses is one of the major determinant to measure the quality of healthcare services provided to patients. The performance of nurses has a direct impact on the health of patients therefore; patients' satisfaction level indicates the performance of nurses. Like any other employee in healthcare department, many nurses have a dream to excel in their profession and make a difference in the health care department by either mastering their field or contributing something new. Nurses and midwives in Pakistan are no less than nurses in developed countries, however, it is more challenging for them to achieve their goals due to a large number of issues faced by them. One of the most concerning factor is inability to perform their tasks. Task performance is influenced by number of factors, for example stress plays a humongous role in daily task performance, lack of confidence in their profession, environmental issues, non-existence of structural empowerment to communicate their problems etc. (Faith N. Mambulu Chikankheni, John Eyles & Prudence Ditlopo, 2018).

2.3 ORGANIZATIONAL CITIZENSHIP BEHAVIOR (OCB)

Organizational citizenship behavior (OCB) is illustrated as "individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate, promotes the effective functioning of organization". Likewise, OCB indicates the commitment of the employee towards the organization and it establishes teamwork, effective communication and reduces employee errors (S Deery, B Rayton, J Walsh, 2017). In addition, Organizational Citizenship Behaviors are voluntarily adopted behaviors of the employees that increase the overall effectiveness of the organization. If these behaviors are not adopted, it does not lead to any punishment but its presence has a positive link with job performance. Five OCB behaviors are identified in literature: altruism (considering others generosity), conscientiousness (sense of honesty and fairness), courtesy, civic virtue (supporting organizational development), and sportsmanship (tolerance).The absence of OCB causes job dissatisfaction among nurses that eventually leads them to quit the job and it increases the turnover, causing an issue of nursing shortage (JB Becton, JC Carr, KW Mossholder, 2017).

The relationship between healthcare departments and nurses' role cannot be ignored for a good and sustainable healthcare system. Furthermore, physiological empowerment is closely linked with OCB. Hence, leaders should support the needs and requirements of health care professionals in order to ensure the provision of good care of patients. The best healthcare practices grow and build the culture of organization that supports the nurses and workers in health care department for smooth work flow (GM Noh, MS Yoo, 2016). In the same way, when leaders are capable to produce sustainable and supportive organizational climate, employees are more pruned to positive organizational behavior. The organizational citizenship behavior is termed as voluntary behavior and multiple factors have been identified in the previous studies as contributing to organizational citizenship behavior (V Gupta, UA Agarwal, N Khatri, 2016). Personality traits, for instance, conscientiousness, extroversion, and agreeableness are strongly linked with helping nature of a person. General personality traits are associated with social values like helpfulness, empathy, and perceived self-competence. In the same way, some characteristics are associated with allocating and choosing nursing practice as profession. In the health sector, perceived social justice and job satisfaction results in organizational citizenship behavior in the worker and it affects the job

satisfaction, perceived job fairness, and organizational commitment (T Perreira, W Berta, L Ginsburg, 2018).

2.4 STRUCTURAL EMPOWERMENT

Empowerment is a construct shared by many disciplines like psychology and education. It has different definitions according to different people, cultures and situations. A plethora of researchers from previous studies pinpointed that empowerment of employees and workers should be enhanced in order to develop managerial skills and roles at work place. Furthermore, an employee's effectiveness and capability to achieve organizational and professional goals can be improved through correct information flow, resources allocation and empowerment (Edward M. Mone, Manuel London, 2018). Structural empowerment is the structure in policies and processes within an organization that empowers nurses to practice in an autonomous and professional manner to achieve the highest degree of clinical excellence and professional fulfillment. In such work environments, employees are able to easily achieve their objectives. When such empowerment is given to employees, they show more commitment towards organization, face less stress at job and take more responsibility of their work. Structures that can provide empowerment include, resources necessary to perform the job, appropriate information that they require, opportunities for growth and learning and support from management. It was explored that nurses feel more empowered when they are given opportunity to participate in decision making and when their leaders encourage autonomy within the organization and believe in their competence (C Watkins, PL Hart, N Mareno, 2016). It is necessary for leader nurses to focus on the needs of nurses and listen to their issues and concerns for creating a structurally empowered workplace environment (T Wing & S Regan, 2015).

2.5 AUTHENTIC LEADERSHIP

Leadership is a process that demonstrates both positive psychological capacities and a highly developed organizational context, the result of such process is in terms of higher self-awareness and self-regulated positive behaviors on the part of leaders and employees of health care in fostering positive self-development (Lina Meng, 2015). Authentic leaders are people who have qualities such as transparency, optimism, resilience, and hopefulness and are always focused on

right things to do, ethical values and transparency of work procedures. Their major concern is for others and their benefits and in the same context; four elements of authentic leadership have been identified: balanced information processing, self-awareness, relational transparency, and authentic behavior (Shirey, 2017).

Furthermore, self-awareness is illustrated as "a process where one continually comes to understand his or her unique talents, strengths, sense of purpose, core values, beliefs and desires". Element of balanced processing means when the leader is able to give balanced assessments without being influenced by personal motives or gains. Authentic behaviors are to act according to moral values instead of a focus to gain rewards and escape punishments (S Sendjaya, 2016). This is the reason for the followers to put their trust in leader, assuming that he works with integrity. In addition, relational transparency means to practice openness in your relationships with others that shows your values, norms, truthfulness etc. This kind of relationship encourages feedback, opinions/suggestions and viewpoints of the followers and then taking action on them (Jones & Block, 2018).

2.6 PROFESSIONAL NURSING PRACTICE ENVIRONMENT

The higher turnover rate and shortage of nursing staff has compelled the practitioners and researchers alike to focus on professional nursing practice environment. It is crucial that practice environment of nurses is improved in order to retain them (Robina Redknap, 2015). One of the major causes for this shortage is the improvement that is required in professional nursing environment. Managers at hospitals need appropriate assessment tools to assess the weaknesses of nursing practice environment. Professional practice environment provides ability to the nurses to perform at their best and utilize the provided resources for the best possible use (HK Spence Laschinger, J Zhu, 2016).

This professional practice environment not only increases job satisfaction among the nurses but also provides better quality of care for the patients. Nurses who find their professional work environments to be supportive in which they are able to show their abilities and provide care to the patients, have lower turnover intentions and more job satisfaction (Hashish, 2015). The result

of this dissatisfaction leads to shortage of nurses causing a setback to the healthcare sector. Nurse leaders must ensure that the practice environment provides opportunities for nurses to make their own decisions and have a positive relationship with the nurse physicians (Cindy Cheng, 2016).

2.7 STRUCTURAL EMPOWERMENT AND TASK PERFORMANCE

One of the major challenges faced by nursing department is lack of nursing empowerment. Job empowerment is stated as the procedure by which a leader gives the power to inferiors or enables their subordinates to take a decision and act on a critical situation. As per definition from the literature, the individuals are empowered when they utilize personal strengths as a tool for empowerment, when they are informed and when they have the confidence and authority to control. Likewise, the term empowerment is frequently used in social, psychological and organizational literature and researchers of healthcare discipline have increasingly adopted it. When you distribute the decision making powers to team or an individual it results in employee encouragement to have a strong sense of motivation and ownership of the work they are assigned. In contrast, disempowerment is the key to making an individual demotivated and incapable of performing their most basic duties which further results in frustration and lack of confidence in their own abilities, sense of powerlessness and no significance. Lack of empowerment in healthcare department is a significant problem and many nurses do not feel that they are capable of handling their job on their own. A recent study conducted in US reported that nurses` education is going through a rapid change, as the midwives and nurses are expected to change the way of health care delivery and lead, this role is exceptional and requires empowerment for achieving the goal. (Mary Louanne Friend, 2015).

Disempowerment has a significant negative effect on the patients, nurses and quality of health care. It directly affects the decision-making capability, quality improvement process and job performance (Sara Kennedya, Nicholas Hardikerb, KarenStanilandc, 2015). Nurses, who have less power while doing their job at workplace are dissatisfied with their jobs, are ineffective and susceptible to job turnout resulting in high turnover rates. Hence, empowerment is a motivational concept - empowerment leads to increased personal health, job satisfaction, self-esteem and individual competence as consequence of increasing perceptions of personal control that can

increase the impact of health outcomes (Jay A. Conger, 2017). It has also been proved through research that nurses who are delegated with more empowerment are more motivated and are capable to lead and motivate peer nurses as well as improve their work performance. Empowered staff is more likely to experience less job strain and burnout. Nurses usually do not get much support from their leaders to engage them in process of decision making and to enhance their job performance (F. David Schoorman, Roger C. Mayer & James H. Davism 2016).

Empowerment of nurses is associated with management of job, capability of identifying problems and capability to be in work relationship with colleagues. One of the forms of empowerment is verbal empowerment; it consists of the capability to state one's belief, defend and debate on the point of interest for effective participating in decision making and to pinpoint job related problems to the higher management (Minseo Kim, Terry A. Beehr, 2017). Empowerment is one of the factors that helps supervisors as well as colleagues in improving and changing the common work practices. Moreover, in order to enhance the effectiveness and efficiency of hospitals, there is a dire need of nurses to practice confidence in behavioral and verbal empowerment as compared to outcome empowerment (G Al-Dweik, LI Al-Daken, H Abu-Snieneh, 2016). A major reason for poor healthcare systems of Pakistan is weak leadership practices. Either there is no proper leadership framework or it has limitations in practices. Although there is a well-developed health infrastructure in Pakistan but the indicators of health are poor.

H1 (a): Structural Empowerment has a significant effect on task performance of nurses.

2.8 STRUCTURAL EMPOWERMENT AND OCB

Structural empowerment theory enlightens the ways by which leaders can have impact on workers regarding completion of their assigned task successfully by ensuring access to four structures of organization: resources, information, opportunities and support (CH Chu, J Ploeg, R Wong, J Blain, 2016). Information access is to have knowledge of organizational objectives, technology as well as policy knowledge. Proficiency required for effectiveness at job support means availability of supervision, response delivered by subordinates, peers and supervisors. It also includes emotional and social support from associates. Resources refer to having supplies, materials, time,

equipment, and money required to accomplish assigned tasks. Lastly, opportunities refer to growth, mobility, challenging work, competence recognition, rewards for skills, increased status, and professional growth prospects that enhance one's skills and information (JT Clavelle, TP O'grady, MJ Weston, 2016). Research has been carried out to examine the theory of structural empowerment in a diversity of nursing settings and populations. Structural authorization has been linked with hospital management features, for example, greater stages of nurse independence and healthier relationships with physicians (S Boamah, H Laschinger, 2015). While working in empowering atmospheres, nurses have mutual support and sufficient resources needed for higher quality patient care. Structural empowerment has emerged as an important predictor for greater job satisfaction in nursing profession, work commitment, organizational faith, low turnover intents and improvement in quality of care (PA Petersen, SM Way, 2017).

A good level of self-awareness and authentic leadership permits nurses to develop more accepting and open relationship with other employees. Moreover, such type of behaviors can help the authentic leaders for developing good positive, open relationship, and honest behavior with fellow workers, which encourage nurturing behavior of personnel as well as professional growth that results into desirable performance outcomes (Richard M. Steers, 2016). Structural empowerment refers to the perceived organizational support towards the work environment. A positive environment effects organizational citizenship behavior, job satisfaction, organizational identification, and psychological empowerment whereas negative environment results in high turnover rates (Eric Lamm Jennifer Tosti-Kharas, 2015).

Structural empowerment plays a mediating role on organizational citizenship behavior and job performance. For healthcare department OCB refers to the commitment of staff members to the patients and their well-being. Nurses are the front line players when it comes to attending to patients and taking care of them. They are well aware of the nature of job processes being run in the healthcare departments and what procedures produce better results. Empowering nurses to contribute in these policies, procedures and councils not only helps in providing better healthcare services to the patient but also helps to enhance organizational commitment and job satisfaction (Sujin K. Horwitz, 2017).

H1 (b): Structural Empowerment has a significant effect on organization citizenship behavior of nurses.

2.9 AUTHENTIC LEADERSHIP AND TASK PERFORMANCE

Leadership styles like ethical, charismatic, transformational, and transactional leadership are under study and in thorough discussion in past (Coxen, Van der Vaart, & Stander, 2016; Gregory Stone, Russell, & Patterson, 2004). An extensive research has been also conducted on ethical and positive forms of leadership and it is meanwhile much focused on the industry and academic field researchers (Julia E. Hoch, 2018). Similarly, authentic leadership is termed as higher level of variable composition that leads to four low-level dimensions like balanced processing, self-awareness, relational transparency and internal moral perspective (C Caldwell, LA Hayes, 2016).

Authentic leadership and management play a vital role in the level of care provided to the patients by the nursing staff. The level of care in environment of hospitals require continuous improvements and if there is incivility in nursing staff behaviors, severe pressure of limited hospital staff, unpredictability and cost containment then this puts the hospital management to apply stringent rules and strict duty timings at all levels. Therefore, the limitation and shortage of hospital nursing staff can enhance the complexity of implementing acceptable health sector standards and procedures. Strong and authentic leadership has a very deep impact on nurses' incivility. This results in lower turnover rates of staff, achieving the objectives of nursing care and to setting good standards. (Jennifer A. Kaiser, 2016).

However, research shows that in Pakistan` training, leadership and good management has not been focused on, in hospitals, leading to devalued nursing role in organizations. Nurses perceive that autocratic leadership styles are potential barriers for effective and efficient nursing environment. Furthermore, excessively autocratic managers have a negative impact on the creative thinking and initiative of individuals.

Unauthentic leadership and poor relationship of nurses and their managers can have much deeper effects on the performance of nurses overall: for example, falling to support nurses' right of

employment, need of resources and nursing positions. These may have bad consequences on nursing health care potential. Failed leadership is one of the reasons of absence of capable nurse managers that results into nursing staff de-motivation, disempowerment, dissatisfaction of job, and ultimately disengagement. The nursing department also has significance in the implementation of professional nursing practices and it includes ensuring patient safety, facilitating care, change process, and enhancing quality of nurses` life that can serve the need of patients (Fatmah Fallatah, Heather KS Laschinger, 2016). The better outcome from nurses needs a working environment by applying best practices in nursing field and it needs managers to ensure commitment of nursing and their associated staff. In addition, for providing optimal and most favorable work environment, hospitals need to maintain and establish higher level of patient care, safety and quality.

Additionally, authentic leaders are termed as leaders who possess authenticity in fostering credibility, respect, and trust between a course of workers and subordinates (Rahman, 2017). Authentic leaders motivate and inspire the workers in which authentic leaders possess the interpersonal orientation (Stander, De Beer, & Stander, 2015). Consequently, employees possess a much reliable sense of identification and it has a profound effect on the organizational work code (Hannes Leroy, 2015). In addition, it was posited that personal and moral integrity acts as an authentic leadership and its capability for engaging balanced processing, leads to subordinate-leader relationship characterized by trust and respect (Christopher Robert, 2015). A number of researchers highlighted the importance of social exchange theory and how it suggests the acts of individuals that depend on the action rewarding from others. Hence, the focus is on the reciprocity and trust and leadership may be perceived as social exchange among subordinates and leaders (Hsieh & Wang, 2015).

In the health care department, it was observed that authentic leadership is emerged with positive psychology (Appelbaum, 2016). It was pointed that humanistic psychology has focused on the development of full functional and self- actualized individuals who might see accurate and clear information (Amy C. Edmondson, 2016). Likewise, in health care department, it was found that authentic leaders have a genuine desire of good understanding of manger-nurse relationship in order to serve them more effectively and in making an effective team. Empowerment in a form of authentic leadership and structural empowerment is significant as it affects the working of

performance standards in order to achieve the outcomes of the professional nursing practices in the hospitals. The role of higher management can help the nursing staff to deliver high quality care to patients and ensure their safety (Emily, 2015). In the same context, it was stated that theory of working empowerment is conceptually reliable with patient care practices as this can be rationally extended to sustain the interaction of nurses and their patients (Sheila A. Boamah, 2016). The empowered nurses due to leadership trait enable better care practices as patients need a lot of care and hence, it is reported that relationship between staffing department of nurses and nurses' managers have grown leading to improved values (SH Cho, 2017). Nurse Managers who can display integrity in alignment with moral principles can maintain the growth of higher engagement of nurses. There is a strong relationship of nursing management with nurse work engagement and authentic leadership (HKS Laschinger, L Borgogni, C Consiglio, 2015).

The leaders who possess self- awareness attribute eventually leads to deep interaction with other employees at job. Authentic leadership theory focuses on internal moral perspective. The internal moral perspective associates with behavior of leaders as driven by inherited values and ethical standards instead of external pressure from society, peers, or top tier leaders , as these leaders act as a driving force and stated beliefs (Hannah et al., 2011). As an outcome, employees reported the authentic leaders as good decision makers and it acts as a consistent and congruent leaders stated value. A survey was conducted on the 125 leaders from a wide level of racial, professional, and socioeconomic background. The results showed that authentic leaders are continuously engaged in learning and improving self-reflection in hospital industry. Authentic leaders have personality traits like trustworthiness, genuineness, reliability, believability, and compassion (Gaye Karacay, 2017).

H2 (a): Authentic Leadership has a significant effect on task performance of nurses.

2.10 AUTHENTIC LEADERSHIP AND OCB

Organizational hierarchy has an unrepresented value and plays an important role in decision making and it also influences the change process in improving organizational work codes for nurses' role, patients' role, and quality of work life (Nieva & Sorra, 2003). These conditions can

also have an impact on the physical and emotional health outcomes while on contrary, the productivity, commitment, efficiency, and performance of nurses illustrates their organization citizenship behavior (Milisa Manojlovich, Shake Ketefian, 2016). Furthermore, nurses with good influence on patient care management system leads to good impact at workplace, organizational culture, and associated environment in order to make functioning of nursing department better. Moreover, limited participation of nurses in clinical decision making has diverse effects such as useless, ineffective, and detrimental to safety of patients (Smith & Cole, 2009). Likewise, it is evident that nurses are much effective in overextending the patient care in order to ensure the working condition as better as to improve from deteriorating work standards.

On one hand, incomplete participation of nurses for decision making in order to improve the working environment and job conditions could lead to organizational mistrust in the shape of resentment and hospital mismanagement. On the other hand, decreased morale, higher level of stress, dissatisfaction at job, and low level of organizational commitment can decrease the participation of nurses in hospital management system. Ultimately, nurses' role in all consequences would contribute to nursing job turnover, burnout, and irregular workplace that leads to leaving organization and in severe cases leaving the profession as well (Kathleen Rice, 2016).

It was found that the management of nurses especially in emergency department of hospitals ensures that environment of work for nurses must be supportive and empowered. Hence, current study supports and corresponds that empowering work environment has direct effect on the ability of nurses to conform to leadership behavior as it can provide the patient direct care. Moreover, empowerment has direct influence on the work structure that is to practice in collaborative and autonomous manner (Barbara Cherry, Susan R. Jacob, 2016).

Qualities of leadership such as authentic, autocratic and free style leadership have a direct influence on the needs of nurses at all levels for increasing patient care in hospitals. Moreover, management must think wisely for empowering nurses by providing access to information regarding policies, adequate resources and opportunity for learning and growing professionally (HKS Laschinger, R Fida, 2016). In addition, management helps in addressing practical issues of relationship between nurse and patient in the form of time allocation, complete paperwork,

acquiring temporary help on as and when required basis, and time for accomplishing requirement of job. Hence, extra nursing resources at the time of busy periods, monitoring of skills, allocation of fair workload, adequate physical resources, technological enhancement of documentation like observation equipment, allow nurses to work effectively and efficiently (Storfjell, Allen, & Easley, 2015). At the time of budgetary and economic constraints, health care professionals and organizations need strict and proper work policies and procedures so that an empowering structure can be maintained and followed (JL Embree, L Wagnes, S Hendricks, 2018).

In the same way, leaders in health care departments can face a number of challenges in the form of large number of patients of diabetes, cancer and heart diseases requiring enhanced health care facility. This can lead to nurses' turnover and decreasing employee engagement (L Zhang, L Huang, M Liu, H Yan, 2016). Leaders of health care should enlist and join the programs for managing the employees' population and establishing a workplace that can support enhanced workers' engagement and minimum turnover (D Nei, LA Snyder, BJ Litwiller, 2015). Lack of professional engagement and nurse dissatisfaction affect the health care profession as the role of nurse is to satisfy the patients and in the same way, better outcome be achieved if health care staff is able to engage at workplace completely (M Alshmemri, L Shahwan-Akl, P Maude, 2017).

H2 (b): Authentic Leadership has a significant effect on organizational citizenship behavior of nurses.

When employees feel that there exists a balance between the supportive work environment and the emotional attachment that they have with the organization, they put more energy in their work and to achieve the objectives of the organization. Therefore, fair procedure and policies, and organizational support leads to increased commitment of employees towards the organization and hence increase the performance of employees as well (Dhar, 2016). Working environment includes conditions such as work hours, policies, practices and shifts. All these conditions have a motivational effect on nurses therefore having a positive impact on their performance

2.11 PROFESSIONAL NURSING PRACTICE ENVIRONMENT AND TASK PERFORMANCE

The shortage of nurses in health care department leads to an issue of attracting and retaining higher level of qualified and committed nurses in hospitals (J Humphreys, J Wakerman, P Kuipers, 2017). Moreover, nurses in hospitals are attracted by good career opportunities, their participation in decision making, availability of resources to perform their job and opportunities to care for the patients. (Filiz Kantek, 2015).

Furthermore, attributes and environment of professional nursing environment as illustrated in hospitals play a major role in nurses' quality like patient safety and work life outcome. Hence, the theoretical and practical practice environment can lead to higher level of professionalism, improved job satisfaction, empowerment, increased retention rate, and decreased burnout (Bronwyn Hayes, 2015). Lower patient care leads to mortality and improved quality of care leads to improved patient outcome. A number of studies have consistently proven that job satisfaction and human resources have a deep relationship with work engagement (Raeda AbuAl, 2015).

H3 (a): Professional nursing practice environment has a significant effect on task performance of nurses.

2.12 PROFESSIONAL NURSING PRACTICE ENVIRONMENT AND OCB

The task performance of nurses at job with the attitude of organizational citizenship behavior is more likely to affect the engagement of workplace behavior that creates culture of collective thinking amongst the members (T Islam, MM Khan, FH Bukhari, 2016). Hence, the organizational citizenship behavior is associated with provision of optimum care for the safety culture of health care practices. There are multiple reasons of engagement of nurses that might influence the colleague's performance for positive engaging in organizational citizenship behavior, empathy, personal satisfaction, self-interest, and humanity.

The relationship between under discussed variables to form better workplace practices at hospitals is a significant phenomenon. Previous researches have studied and explored the gap between supportive nursing practice environment and other type of leadership traits like transformational leadership style, as they might also be forecaster and predictor of professional learning practices, organizational citizenship behavior, nurse's job outcome, and other benefits. Motivation is a key factor for any worker to perform well on job, likewise when nurses are motivated to perform extraordinary; they contribute very much in achieving organizational goals as directed by workplace leader (CS Chang, 2015). There is a need of culture that provides support to nurses to show outstanding performance, hence establishing a supportive practice environment (ML Johansen, E Cadmus, 2016). When these behaviors and attitudes are being observed by other job mates and colleagues then it will become a group norm and it promotes a strong and safe culture of learning environment.

Organizational citizenship behavior has its inborn origin in pro-social behavior and social psychology and some researchers defined this behavior as a type of behavior for improving the welfare and betterment of other individuals. The prosocial behavior can be helping an individual who is standing on highway, offering a seat to an old aged person in a bus, help carrying parcels of an individual, and so on. In the same way, when it is extended to the nursing care context, then it exhibits the colleague helping with particular tasks like dressing, self-medication, late sitting in order to ensure that care for whole shift is possible, attending the in service patient, orientation of new staff at the job (MP Martin-Raugh, HJ Kell, SJ Motowidlo ,2016). Most general characteristics of prosocial behavior are directed instinctively towards the individual benefits and it is also dependent on a number of factors like availability of time, stress level, mood, and good fortune (JF Dovidio, JA Piliavin, DA Schroeder, LA Penner, 2017). Furthermore, there is a need of broader application of organizational citizenship behavior other than pro-social factors only. The impact of OCB continues for the wellbeing of groups and people, it contributes towards the welfare of people and ultimately the efficiency and effectiveness of the organization.

Therefore, organizational citizenship behavior of an individual is the behavioral psychology that is discretionary, not explicitly awarded with formal rewards and in addition promotes the effective and efficient performance of task and growth of the organization. The dimensions of OCB as

individual as well as in group orientation are in the shape of conceptual framework like citizenship of individual (OCB-I) which is interpersonal and based on unselfishness (DC Feldman, 2016). On the other hand, citizenship of organization (OCB-O) is unfriendly as well as impersonal and it is dependent on conformity and compliance embedded with expectations and organizational rules. These two dimensions of organizational citizenship behavior are opposite in domain and similar in meaning towards the achievement of organizational goals as a cumulative effect to the efforts and aggregated behavior in the shape of individual as well as group (YD Wang, WC Sung, 2016).

In the same way, it was inferred that organizational effectiveness in the shape of motivation is an attribute that is difficult to measure and define. In the hospital industry, it was assumed that healthcare department is more effective and efficient of the health related facilities provided to them, if it also meets the expectations of the health patients that are receiving them. Hence, from the perspective of organizational behavior and coping of hospital expectations, health care departments are to be more responsive for changing dynamics internally as well as externally. It also fosters the ongoing demands of the health care staff and a better need of healthcare managers and leaders (A Belasen, AR Belasen, 2016).

In some hospitals, team members work and live in the same community and get to know and understand the team members that act as a significant contributor towards quality care and safe practice culture (M Swan, S Ferguson, A Chang, E Larson, 2015). The Safe Surgical Checklist (SSC) that requires the team members to introduce the beginning of procedures to each other becomes easier. Moreover, researchers explained that the aggregate effect of a number of people in engagement of organizational citizenship behavior (OCB) is more powerful and active with the involvement of two persons rather than one (Babcock-Roberson & Strickland, 2010).

Consequently, managers of nursing profession are more tended to explore strategies for promoting organizational citizenship behavior among other staff members for creating good work environment (SY Chou, E Lopez-Rodriguez, 2015). The culture of safety is much focused on the staff wellbeing and promoting safety for patients as well. It is based on the duty and obligation of nursing staff for collective response in the interest of group efforts. The altruism phenomena is applicable in leading role of nurses for bringing the voice of other nurses and supporting their

choice of profession as it consists of sacrificing their personal needs for the betterment and health of patients (T Perreira, W Berta, L Ginsburg, 2018).

H3 (b): Professional nursing practice environment has a significant effect on organizational citizenship behavior of nurses.

2. 13 THEORETICAL FRAMEWORK OF THE STUDY

Based on the previous literature and its critical review, following relationship was framed in the form of supposed relationship of variables.
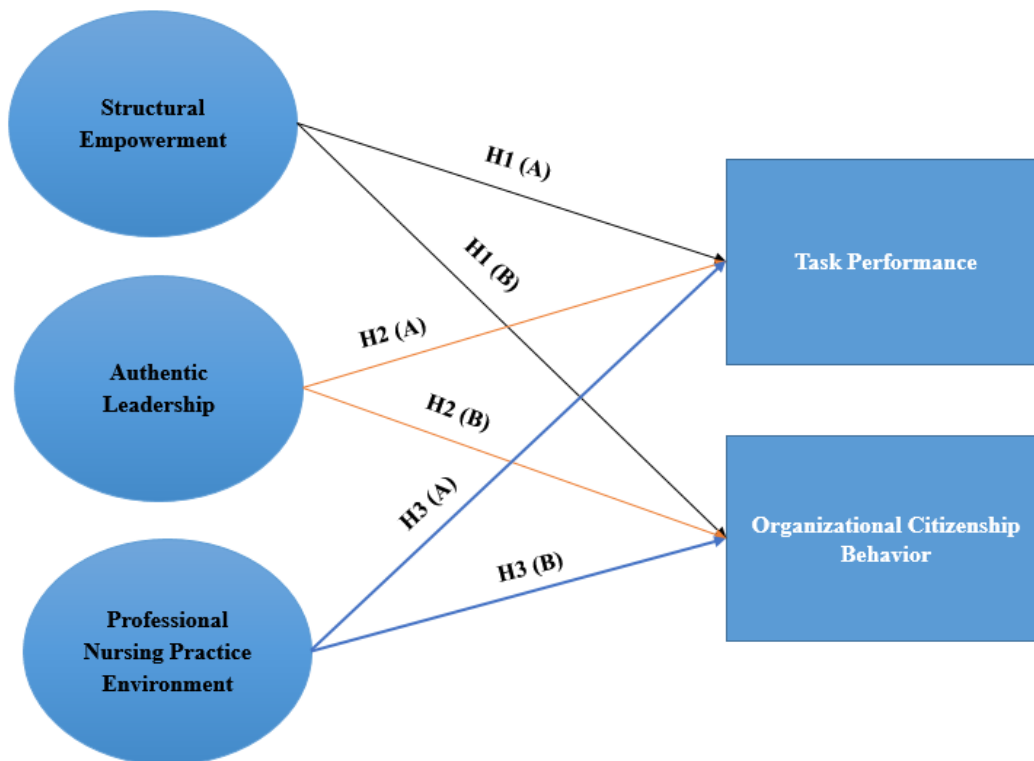

Figure 2-1 Hypothesized Research Model

The availability of nurses as well as their resources is essential but are not sufficient to ensure desired level of performance. Hence, lack of empowerment is seen in healthcare units of Pakistan (Gulzar, 2016). Studies pointed that work environment of nurses' plays a major role in establishing

job performance criteria of employees. Similarly, the aspects of workplace like, support, access to information, resources, growth, access to power, and opportunity to learn which have a significant impact on employees' attitude (Azevedo, 2015). There is a need to put effort on policies and practices that provide availability of resources to nurses, access to information and educational/training opportunities considering that it can produce better results for healthcare units (Wagner, 2018).

2.14 ISSUES AND GAPS IN THE LITERATURE

Regan, Laschinger, & Wong (2016) studied the impact of structural empowerment, authentic leadership and professional nursing practice environment with interprofessional collaboration. The mentioned authors have highlighted that there is poor performance of nurses in all healthcare institutes in addition to early retirement issues of nurses. Wong (2016, p.59) stated, "there is need for further research to see the impact of structural empowerment, authentic leadership and professional nursing practice environment on task performance and OCB to resolve the rising issues. Work empowerment and higher levels of perceived professional competency results in better individual and organizational outcomes, hence increasing job satisfaction and organizational citizenship behaviors." (Brian, 2018) has asked for the identification of other factors that could lead to improvement in task performance and organization citizenship behavior of nurses as these could be the solid attributes contributing towards the betterment of healthcare industry by impacting task performance and OCB of nurses (Biagoli, Prandi, Nyatanga, Brian and Fida R, 2018).

With changing needs and shortage of nurses in Pakistan, scholars have started studying about international practices for health care sector as well. According to a research conducted in Pakistan (Business & Economic Review: Vol. 9, No.2 2017), authentic leadership may be valid and can be considered a reliable measure in healthcare sector for developing countries like Pakistan. Therefore, the author has asked for further research in this regard to see how authentic leadership can lead to decrease in the issue of shortage of nurses. Thus, creating a need for research and identify the impact of authentic leadership with task performance and organization citizenship behavior. However, limited attention has been given to the topic in healthcare sector and therefore

the gap in the studies is significant. This gap has resulted in the negative perception of the profession, association of many taboos and hence resulting in shortage of nurses in the country. The factors like structural empowerment, authentic leadership and professional nursing practice environment has a significant effect on job performance and job satisfaction. The researchers have only focused on the impact of a very few variables involved in job performance when it comes to healthcare sector specifically nursing sector. Futa (2013) has called for further research on factors that could lead to job stress eventually leading towards poor performance and lack of commitment towards organization. The author stated that job stress could be due to lack of empowerment, authentic leadership and availability of resources thereby creating a need to see the significance of these factors and overcoming the issue (Al-khasawneh & Futa, 2013).

Hence, there is a need of conducting thorough studies on factors like authentic leadership, structural empowerment and professional nursing practice environment to ensure positive task performance and good organizational citizenship behavior.

2.15 RESEARCH QUESTIONS

In order to fulfil the above mentioned gaps, the following research questions have been developed:

1- What is the relationship of Structural Empowerment with Task Performance and OCB?
2- What is the relationship of Authentic Leadership with Task Performance and OCB?
3- What is the relationship of Professional Nursing Practice Environment with Task Performance and OCB?
4- What are the ways that can improve Task Performance and OCB?

CHAPTER 03:   RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research methodology chapter consists of research philosophy, research design, type of research, population, sampling statistics, unit of analysis, sampling type, data collection procedure, data analysis procedures, as well as reliability and validity of the measurements. In addition to all the statistical data analysis, the chapter also gives a comprehensive overview of the impact of structural empowerment, authentic leadership, and professional nursing practice environment on nurses' task performance and organizational citizenship behavior (OCB) specifically in Pakistan's healthcare departments.

3.2 RESEARCH PHILOSOPHY

A research philosophy defines the method and analogy through which data is collected, analyzed and then used to achieve different goals. Like any other field, social and management sciences use a number of research philosophies for important research methodologies. A few of the most commonly used are positivism, realism, interpretivism, subjectivism, pragmatism and functionalist (AGL Romme, 2015). The positivism relies solely on the scientific data points and the positivists believe that reality is stable and can be observed, described and experimented from an objective viewpoint. Furthermore, the analysis and predictions that result from scientific experiments can be used for highly structured and large data samples.

Interpretivists are more about qualitative research. Interpretivists believe that researchers can interpret elements of the study. The interpretivists rely on both humans and trained researchers and involves both methods i.e. interviews and observations.

The research philosophies, be it positivism or interpretivism, that are applied in studies are dependent upon the study design and type. Furthermore, a research philosophy must coincide with the data: how data is collected, analyzed and interpreted. In this study, positivism research approach was used; hence, the study is quantitative and uses a large sample size philosophy.

Positivism research philosophy has been adopted for this research. According to the concept of the philosophy, it was required to observe the phenomenon under discussion in a real setup. Furthermore, these variables have been tested in real world scenarios in western countries; therefore, existing theories have been used to create the hypothesis. According to the existing literature, positivism has been defined as epistemology of quantitative research (Brannen, 2017)**.**

3.3 RESEARCH DESIGN

Management sciences research can be conducted through variety of research designs. The research designs used are based on type and nature of data and research objectives to be achieved, a few commonly used designs are descriptive, exploratory, and causal depending upon type and nature of data. The causal research, also known as explanatory research, is a research that studies the relationship of cause and effect of variables; for instance, change in predictor variable can affect the criterion variable.

When it comes to professions like nurses, many exploratory studies have been conducted. Since this design of research helps to analyze large volume of data in real setup (L Meng, Y Liu, H Liu, Y Hu, J Yang, 2015).

This study explores the factors that can directly and indirectly affect the nurses' task performance and organizational citizenship behavior at Pakistan Institute of Medical Sciences (PIMS). PIMS is a research-intensive medical university that aims to educate medical students, paramedics, and postdoctoral fellows at par with international professional standards.

Selection of appropriate research methodology is necessary to achieve the research objectives. This study is exploratory and cross sectional in type and quantitative technique is used as it explores the relationship of structural empowerment, authentic leadership, and professional nursing practice environment on nurses' task performance and organizational citizenship behavior (OCB). It specifically focuses on the effects of leadership traits such as authentic leadership, structural empowerment, and environment of professional nursing practice as independent

variables on organizational citizenship behavior (OCB) and task performance as dependent variables.

The research is conducted at Pakistan Institute of Medical Science (PIMS) because it has the largest number of nurses among the government hospitals of Islamabad. In addition to that, it was acknowledged for the performance of its nurses initially but later on there was a significant decline in their performance, hence providing an ideal set-up to conduct the research, to identify the causes of low performance and negative citizenship behavior of nurses.

Furthermore, till date no study had been conducted to see the causal effects of decline in the nurses' performance at PIMS.

3.4 POPULATION OF THE STUDY

The set of statistical parameters shows the aggregated or combined input or total number of respondents that can change the behavior or change the outcome of the study. The current study was focused on the relationship of understudied variables in the specified health sector of Islamabad. The data was collected from PIMS. The nurses at PIMS have two job grade divisions: 782 nurses in grade 16 and 59 nurses in grade 17. Hence, total population of nurses is 841. The sample size of research consists of a minimum 271 nurses with confidence interval 95 % and margin of error 5% (Cochran, 2007).

3.5 SAMPLING OF THE STUDY

Purposive sampling method was adopted for this study. Purposive sampling is a non-probability sample that is selected based on characteristics of a population and the objectives of the study. The methodology and technique used for current study is non-probability sampling as well as purposive sampling.

A couple of major hurdles in conducting the research included time constraints. The research had to be completed in given period for the submission of the study for fulfilling the degree

requirements. There were accessibility issues, approaching nurses and collecting data due to security and privacy problems. Another big factor was monetary constraints and lack of resources to conduct the study. Given all the constraints, it was not possible to collect data from the whole population. Therefore, purposive (non-probability) sampling was completed through gathering data from Pakistan Institute of Medical Sciences (PIMS). Since, our research was based on the performance of nurses; our sample includes all the nurses working in PIMS i.e. purposive sampling as this sample is fulfilling the purpose of our research. The sample size of the research comprised of 271 nurses according to Cohen formula with confidence interval 95 % and error of margin 5% (Cochran, 2007). Meanwhile, the demographic variables are also included in the survey to examine the sample characteristics. Here in this case, the total population is 841, error rate is 0.05 and after computation, the sample size is 271.

The Cohen formula allows you to calculate an ideal sample size given a desired level of confidence, precision, and the estimated proportion. A sampling unit is an individual person and the term sampling unit refers to a singular value within a sample database. Hence, sampling units were taken from a population of nurses at PIMS and data was collected from 271 nurses by using adapted questionnaire/instrument from previous researchers (Etikan, 2016)

3.6 DATA ANALYSIS

Two types of statistics; descriptive and inferential statistics are widely used for analysis. Descriptive statistics depict the relationship of demographic variables like age, gender, number of children, education of respondents, experience of respondents etc. While, inferential statistics depict the mean, standard deviation, standard error, regression, and correlation analysis. The regression analysis was used to check the existence of relationship between independent and dependent variables. This study was conducted through collecting quantitative data by filling of questionnaires. The questionnaires included both forms of statistics, descriptive and inferential, that makes the data more complex. Furthermore, one of the objectives was to perform the correlation analysis to find the extent of relationship between the variables. Hence, data of respondents (nurses) was analyzed through statistical package for social sciences (SPSS) as this technique of data analysis is used in previous studies like (Yadav, 2018). It is widely used software

to analyze data collected through questionnaires. Since it helps to perform only statistical operations, hence making cleaning and coding and data entry much more easy and effective. AMOS is used for performing Confirmatory Factor Analysis, since it helps to analyze the covariance or causal modeling factors.

3.7 DATA COLLECTION

The nurses of the Pakistan Institute of Medical Sciences (PIMS) were used as a unit of analysis and in this case, 271 nurses were used as unit of analysis. The research instrument is highly important and significant in establishing the relationship between under studied variables like relationship of structural empowerment, authentic leadership, and professional nursing practice environment on nurses' task performance and organizational citizenship behavior in PIMS. All the variables and their sub-items were evaluated at five point Likert scale in the shape of strongly agree, agree, neutral, disagree, and strongly disagree.

In order to collect data, questionnaires were distributed among 271 nurses of PIMS at minimum. All the questionnaires were filled and the responses were valid. The questionnaires included six items scale of structural empowerment that measured the perception of nurses about availability of the following: a) Opportunity b) Information c) Support d) Resources e) Formal power f) Informal power and the scale was adapted from HKS Laschinger (2006).

In addition, for measuring authentic leadership, four items scale was used that include a) Leader self-awareness, b) Relational transparency, c) Internalized moral perspective and d) Balanced processing and scale was adapted from Avolio, Gardner, Wernsing, & Peterson (2008).

To measure Professional nursing practice environment, seven items scale was used against 5 point likert scale: a) Autonomy, b) Philosophy emphasizes quality, c) Nurse participation and status, d) Professional development, e) Supportive managers, f) Collaborative relationships with physicians, g) Supportive relationships with peers and these items were adapted from Lake (2007).

Furthermore, item scale of OCB was adapted from Fox, Spector, Goh, Bruursema, & Kessler (2009). The sub items included loyalty and others. In order to measure loyalty of nurses, 2 factors were incorporated in the questionnaire: a) Ready to send children in their company b) Feeling that company is best in the industry. The other element of OCB is sportsmanship. For sportsmanship, 5 items were used: a) Not complaining about insignificant things at workplace b) Putting extra effort at job c) Taking feedback from coworkers and superiors d) Opposing favoritism in organization e) Encouraging family members to patronize the organization. The third element of OCB is organization compliance and it would be measured through 4 items: a) Boosting organization's image b) Promoting organization's services c) Projecting good image of organization to the people d) Providing suggestions to co-workers related to their work.

At last, 8-item scale was adapted to measure task performance of nurses. They include: a) Technical care (Formulate a plan of care, asses patients' health and evaluate the plan accordingly) b) Provision of information c) Provision of support d) Job-task support e) Coordination of care f) Interpersonal support g) Volunteering for additional duties h) Compliance. These items were adapted from Greenslade & Jimmieson (2007).

3.8 ETHICAL CONSIDERATION

The participants (nurses) were approached through legal procedures and the privacy of the research participants was one of the major concerns therefore the names of the participants are to be kept confidential. Confidentiality and anonymity was ensured to the participants. The participants filled out the forms voluntarily. The data calculation was completed through ethical and fare means. No fabrication or falsifying of data was conducted in order to ensure that analysis is based on facts. Furthermore, the data was collected after informed consent of the hospital management authorities.

CHAPTER 04:   RESULTS AND ANALYSIS

4.1 INTRODUCTION

This chapter consists of results and discussion of analysis conducted on data collected through questionnaires from nurses of PIMS. The analysis studies the relationship among structural empowerment, authentic leadership, and professional nursing practice environment on the organizational citizenship behavior (OCB) and task performance of nurses at Pakistan Institute of Medical Science (PIMS). Moreover, it also contains statistics of demographics like age, number of children, education, and experience of respondents as well as regression and correlation analysis.

4.2 DESCRIPTIVE STATISTICS OF DEMOGRAPHICS

Demographics are considered as a backbone of statistics and it is a measure of change or characteristics of a population. The current study contains the demographics of marital status, age, education, experience, and children of the respondents. In addition, the data set consists of grade 16 and grade 17 nurses from Pakistan Institute of Medical Sciences (PIMS). The statistics of demographics provide information for timely decision-making in policy related matters and these demographic statistics may have its output in graphs or some other tabulation. In addition, 271 questionnaires were disbursed for data collection and all questionnaires were received. Therefore, response rate remained 100%, thus helping to perform analysis in a better way.

Table 4-1 Demographic Profile

Descriptive		Frequency	Percent
Marital Status	Single	108	40%
	Married	163	60%
	Total	**271**	**100%**
Age of Respondents	Equal to or less than 20 Years	53	19.6%
	21 to 29 Years	125	46.1%
	30 Years and above	93	34.3%
	Total	**271**	**100.0%**
Education of Respondents	HSS Certificate	15	5.5%
	Bachelor/Hons	129	47.6%
	Masters and above	122	45.0%
	Others	5	1.8%
	Total	**271**	**100.0%**
Job Experience of Respondents	2 to 4 Years	25	9.2%
	5 to 7 Years	132	48.7%
	More than 7 Years	114	42.1%
	Total	**271**	**100.0%**
Number of Children of Respondents	1 Child	87	32.1%
	2 Children	115	42.4%
	3 Children	49	18.1%
	4 Children & above	20	7.4%
	Total	**271**	**100.0%**

In current study, the target respondents were nurses from Pakistan Institute of Medical Sciences (PIMS). Hence, the marital status had remained a focus at the time of survey as these demographics have a major influence in the data collection. According to the statistics in the table shown above, out of 271 respondents, 108 respondents are single making a valid percentage of 40%. Out of 271 total respondents, 163 respondents are married by making a valid percentage of 60 %. Hence, it was inferred that single and married respondents considered their job as different and distinct.

Furthermore, the statistics depicted the demographic characteristic of age of the respondents as age is the most effective demographic in statistics. It is found that out of 271 respondents, only 53 respondents have an age equal to or less than 20 years by making a valid percentile of 19.6 %, and 125 respondents have an age group of 21 to 29 years with

valid percentile of 46.1 %. Similarly, 93 respondents out of 271 have an age group of 30 years and above by making a valid percentile of 34.3 %. It is also inferred that the age group of 21 to 29 years have major chunk in current study as well as influencing the study outcomes.

The demographic statistics part of the table refers to the fact that out of 271 respondents, 15 respondents have qualification of "Higher Secondary School Certificate" with percentage of 5.5 %, and 129 respondents has a qualification of "Bachelor and Honors" by having a valid percentile of 57.6 %. The PIMS nurses with bachelor and honors qualification contribute towards a major chunk of population of the current study. Similarly, out of 271 respondents, 122 nurses are having a qualification of "Masters and above" by having a valid percentile of 45.0 % and it is the second most chunk of population of the current study. Finally, only five respondents have qualification mentioned as "Other category" like diploma etc. by making a valid percentile of 1.8%.

Job experience of the target respondents from nurses of PIMS shows that out of total 271 respondents, 25 have a job experience of "2 to 4 years" with valid percentile of 9.2 % and 132 respondents have a job experience of "5 to 7 years" with valid percentile 48.7 %. Moreover, 114 respondents out of 271 are having a job experience of "More than 7 years" with having a valid percentile of 42.1 %. It was also observed that there is a large population with job experience of 5 to 7 years and these nurses remain a focus of the study.

The number of children of respondents depict that 87 respondents have a number of one child with valid percentile of 32.1 % and 115 respondents have 2 children with percentile score of 42.4 %. In addition, 49 respondents have 3 children with valid percentile of 18.1 % and 20 respondents out of 271 have 4 and above children with valid percentile of 7.4 %. Furthermore, it is posited that there is a huge chunk of 111 respondents with 3 children. Children are major motivational factor in making effective decision making and job responses.

4.3 CORRELATION ANALYSIS/MODEL

To check the strength as well as type of relationship either positive or negative, correlation model is used. In current study, Pearson correlation of coefficient is being used to check the strength of

relationship between independent variables and dependent variables. Similarly, non-linear relationship can also be checked between independent and dependent variables. Statistical package for social science (SPSS) version 20 was used to check the correlation ranging in value from +1 to -1. The Pearson correlation recommends that if correlation coefficient is +1, then there is strong but positive correlation and if correlation coefficient values are -1, then the relationship is strong but negative correlation. Likewise, if correlation coefficient value is 0, then there is no correlation between variables. In table 4-2, Pearson coefficient correlation value with significance values are given that shows the nature and strength of relationship. However, value range is given below:

The Pearson correlation value ranges from:

1. Strong Correlation   +5 to +7 or -5 to -7
2. Medium Correlation   +3 to +5 or -3 to -5
3. Weak Correlation   +1 to +3 or -1 to -3

Table 4-2 Pearson correlation model

Variables	SE	AL	PNPE	OCB	TP
SE	1				
AL	.611**	1			
PNPE	.452**	.509**	1		
OCB	.464**	.463**	.567**	1	
Task	.535**	.545**	.590	.864**	1

** Correlation is significant at 0.01 levels (2- tailed)
Sample Size (n) = 271

Table 4-2 reported the Pearson correlation values ranging from +1 to -1 and these values show the extent and nature of relationship either positive or negative. Hence, it was found that the Pearson correlation value of structural empowerment with authentic leadership is 0.611 that is positive and strong and it shows that two variables have significant relationship with each other. Similarly, the structural empowerment and professional nursing practice environment have a correlation value of 0.452, which is medium but positive relationship. The Pearson correlation value of structural

empowerment with organizational citizenship behavior (OCB) is 0.464 that is also medium but significant. In addition, the Pearson correlation value of structural empowerment with task performance is 0.535 that is strong and positive relationship.

Likely, Pearson correlation value of authentic leadership with professional nursing practice environment is 0.509 having strong and positive relationship. The correlation value of authentic leadership with organizational citizenship behavior is 0.463 that explains the medium and positive relationship. Moreover, the correlation value of authentic leadership with task performance is 0.535 having its value as strong, significant, and positive relationship among each other. In the same way, the Pearson correlation value of professional nursing practice environment with organizational citizenship behavior is 0.567 and it is considered as strong and positive. The Pearson correlation value of professional nursing practice environment with task performance of nurses is 0.590 that is strong and positive in relationship.

Similarly, the Pearson correlation value of organizational citizenship behavior with task performance is 0.864 and it is strong and positive relationship. The criterion variable (task performance) correlation value is reported and explained above and all of the relationship is justified and significant. It is further stated that if the relationship among the variables are near to +1 and -1 then it means there is ideal and perfect relationship and we are measuring the same variables.

4.4 RELIABILITY AND VALIDITY

Reliability and validity are the statistical parameters used to check the authentication of pilot sample data. Two type of analysis were used for confirming the scale in current study context. Exploratory factor analysis (EFA) indicates that the responses within the construct are same or different. Whereas, on the other hand, confirmatory factor analysis (CFA) analyzes that the responses within the constructs are same or different. In current study, Cronbach alpha and factor reduction test was run on the full sample of 271 questionnaires and it was found that all items were found reliable and valid. The results were reliable as they had their statistical values above 0.6. Whereas, when validity was checked through factor reduction test and KMO Bartlet test (Bartlett,

1950), it was found that sample was valid having value greater than 0.5. The data is shown in table Reliability analysis 4-3.

4.5 RELIABILITY STATISTICS TABLE

Table 4-3 Reliability analysis

Variables	Cronbach Alpha	Number of Items
Structural Empowerment	0.790	5
Authentic Leadership	0.801	8
Professional Nursing Practice Environment	0.820	7
Organizational Citizenship Behavior	0.795	10
Task Performance	0.872	4

The reliability of items was checked through Cronbach alpha. Since Cronbach alpha is used when internal consistency of variables is to be checked and there are multiple questions. In this case, the sample size was 271. The alpha value for all variables is higher than 0.6 hence proving that all variables are reliable.

4.6 VALIDITY STATISTICS

Validity defines the purpose of the variables if measure the value they were designed for. The validity of items was checked on the sample of 271 through factor reduction technique and results are shown in table below.

Table 4-4 Validity statistics

VARIABLE NAME	ITEMS	QUESTIONS	EXTRACTIONS VALUES
Structural Empowerment	SE1	I always have growth opportunities at work.	0.762
	SE2	There is transparency of information at my workplace.	0.869
	SE3	I have all the resources required to do my work properly.	0.891
	SE4	I have formal power/authority at work.	0.697
	SE5	I have informal power/authority at work.	0.718
Authentic Leadership	AL1	My head seeks feedback to improve interaction with others.	0.946
	AL2	My manager accurately describes how others view his or her capabilities.	0.632
	AL3	My manager says exactly what he or she means.	0.690
	AL4	My manager is willing to admit mistakes when they are made.	0.914
	AL5	My manager demonstrates beliefs that are consistent with actions.	0.622
	AL6	My manager makes decisions based on his/her core beliefs.	0.732
	AL7	My manager solicits views that challenge his or her deeply held positions.	0.800
	AL8	My manager listens carefully to different points of view before coming to conclusion.	0.709
Professional Nursing Practice Environment	PNPE1	I get enough autonomy at work to manage things in my own way.	0.801
	PNPE2	The practices at my workplace are focused on quality of output.	0.903
	PNPE3	Nurses' participation is always appreciated and nurses are given the status that they deserve.	0.891
	PNPE4	Trainings and opportunities are provided for nurses' professional development.	0.890
	PNPE5	The head nurses are supportive.	0.807
	PNPE6	I have good and collaborative relationship with the physicians working here.	0.701
	PNPE7	My peers/colleagues are supportive towards me whenever I need them.	0.798
Organizational Citizenship Behavior	OCB1	I would prefer sending my children to the same profession and workplace.	0.729
	OCB2	I believe that PIMS is one of the best hospitals in the healthcare industry of Pakistan for job.	0.801
	OCB3	I complain about all little things I don't like at workplace.	0.839
	OCB4	I always try to put extra effort in my work.	0.893
	OCB5	I encourage feedback from co-workers and superiors (head nurses).	0.797
	OCB6	I oppose favouritism at work.	0.677
	OCB7	I encourage my family members to patronize the organization.	0.790
	OCB8	I try to establish a good image of my organization in front of others.	0.888
	OCB9	I promote my hospital's services in front of people so that they consider it as a good hospital.	0.901
	OCB10	I provide suggestions to co-workers related to their work,	0.816
Task Performance	TP1	I formulate a plan of care, asses' patients' health and evaluate the plan accordingly.	0.901
	TP2	I get easy access to all the information I require to do my job.	0.807
	TP3	I get all the support/help I require to do my work.	0.852
	TP4	I volunteer for additional duties at work.	0.713

For items to be valid, the item extraction value should be more than 0.5. The above table shows the results of the correlation analysis performed, all the values are above 0.5 hence proving the validity of the variables.

4.7 CONFIRMATORY FACTOR ANALYSIS

Generally, mediating variable is tested in research through AMOS application of SPSS however, in current study, confirmatory factor analysis was applied for confirming the items either they are valid according to factor loading. Following is the model fit summary in which there is a good fit of data with Chi-square ($\chi 2$) =138.6, d.f. =110, P=0.025 (p<.05). Thomson et al, (2005) stated that if the value is less than 5, then it would be satisfactory and acceptable and hence in this model, the value of $\chi 2$/d.f. is less than 5 so it is acceptable. There are also other indices like Incremental Fit Index (IFI), Goodness of Fit Index (GFI), Comparative Fit Index (CFI), Tucker-Lewis Index (TFI), Normed Fit Index (NFI), and Root Mean Square Error of Approximation (RMSEA) to check the fitness of model. However, in addition typical cut-off criteria of model fit can also be used to see the fitness indices (McDonald & Ho, 2002). According to typical cut-off criteria, values of IFI, GFI, CFI, TFI and NMI should be equal or greater than 0.90 and the value of RMSEA should be less than 0.08 (Tinakon & Nahathai, 2012).

Table 4-5 Model fit summary

Indices	Range	Results
$\chi 2$/d.f.	<5	1.26
GFI	≥0.90	0.952
IFI	≥0.90	0.979
CFI	≥0.90	0.972
NFI	≥0.90	0.990
TLI	≥0.90	0.974
RMSEA	<0.08	0.032

Table 4-5 depicts the values of model fit summary of items as $\chi 2$=138.6, d.f. =110, $\chi 2$/d.f.=1.26, GFI=.952, IFI=0.979, CFI=0.972 NFI= 0.990, TLI=0.974 and RMSEA=0.032. All above indices supported that items are fully valid.
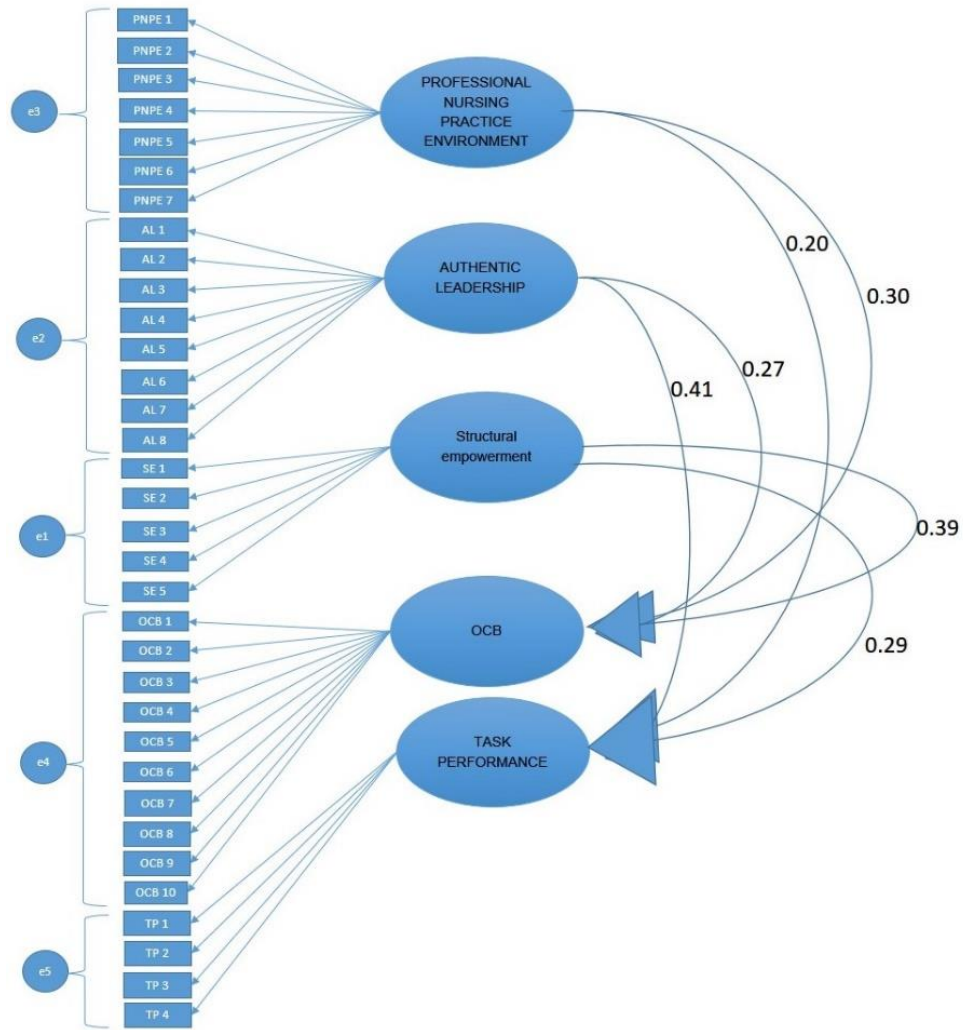
Figure 4-1 Confirmatory Factor Analysis

4.8 REGRESSION ANALYSIS

Regression analysis is defined as the relationship between variables like independent, dependent, moderating, or mediating variables. It checks whether the relationship exists between variables or not and in the meanwhile, it also checks the causal relationship between the supposed variables. The regression analysis checks the regressing factor due to independent variable on the dependent variable. More specifically, regression analysis helps to understand how the value of the dependent variable (criterion variable) changes when any one of the independent variables (predictor variable) is varied, while the other independent variables are held fixed. In current study, structural empowerment, authentic leadership, and professional nursing practice environment are

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independent variables whereas organizational citizenship behavior (OCB) and task performance are dependent variables. Likewise, independent variables are termed as predictor variables and dependent variables are termed as criterion variable.

In current study, we have framed five hypotheses by supposing the relationship among the variable to understand the relationship of structural empowerment, authentic leadership, and profession nursing practice environment with organizational citizenship behavior and task performance in Pakistan Institute of Medical Sciences (PIMS), Islamabad. The target respondents were nurses of grade 16 and 17 and data was collected from them at Likert scale on five key variable items structural empowerment, authentic leadership, and profession nursing practice environment, task performance, and organizational citizenship behavior by adapted scale.

The T-value analysis is used to study the significance and regression of two data sets which were received through questionnaire. The T- value is a measure of how extreme a statistical estimate is. The T-value should be more than 2 for the hypotheses to be accepted and at value 0, it is a null hypothesis. As its value is increasing` the relationship between predictor and criterion is improving.

Table 4-6 Model summary & standardized coefficient

	Predictor	R Square	Adjusted R Square	Significance (P – value)	St. Coefficient (Beta)	t-value
Model 1 Hyp (a)	SE	0.286	0.284	0.000*	0.535	10.175
	AL	0.297	0.294	0.002*	0.545	10.439
	PNPE	0.431	0.441	0.000*	0.501	10.396
Model 2 Hyp (b)	SE	0.215	0.212	0.000*	0.464	8.043
	AL	0.431	0.441	0.000*	0.463	8.396
	PNPE	0.512	0.509	0.000*	0.709	11.201

$*P < 0.5$

Sample Size (n) =271

The statistical analysis in Table 4-6, the value of regression statistics proves the hypotheses that structural empowerment has a significant effect on task performance. Regression analysis checks the existence of relationship between variables; how much dependent variable is regressed by independent variable. The model summary shows the statistical parameters of R square, adjusted R square, and significance value in order to find the existence of relationship. The R square value of 0.286 shows explained relationship between understudied variables and here in this case, it shows that structural empowerment of nurse managers is explaining only 28.6 % of task performance of nurses and rest of dependent variable may be explained by other predictor variables.

In addition, adjusted R-square is a modified version of R square. It was adjusted and modified for the number of predictors (independent variables) in the model. The adjusted R-square increases only if the new term improves the model more than would be expected by chance, as in this case it is available with slight difference of value 0.284. Both values are the explanation of relationship of predictor and criterion variable. Furthermore, the significance value is reported, as 0.000 that is significant according to statistical parameters having its value is less than 0.05 for its acceptance as hypothesis. Hence, it was proved that structural empowerment has a significant effect on task performance. The regression analysis in Table 4-6 reports the relationship of model summary of hypothesis that authentic leadership has significant relationship with task performance. The model summary shows the value of R square and adjusted R square as 0.297 and 0.294 as it explains that 29.7 % of task performance of nurses is explained by authentic leadership and remaining of the relationship in criterion is being explained by other predictor variables. On the other hand, the significance value 0.002 that is less than 0.05 shows the authentic leadership has significant relationship with task performance.

The statistical analysis in Table 4-6, the value of R square and adjusted R-square is 0.431 and 0.441 that shows that 43% of the criterion variable is being explained by professional nursing practice environment and there are still other variables that might contribute towards the research question and problem statement. In addition, both of the values are the explanation of relationship of predictor and criterion variable. Furthermore, the significance value is reported, as 0.000 that is significant according to statistical parameter and it becomes a reason of acceptance of hypothesis.

Hence, it was proved that professional nursing practice environment has a significant effect on task performance. Table 4-6 explains the standardized coefficients statistics of hypothesis that structural empowerment has a significant effect on task performance. As stated in above table, the significance value of 0.000 illustrate the acceptance of relationship, the standard coefficient (Beta) value or standardized coefficients refer to how many standard deviations a dependent variable will change according to standard deviation of unit increase in the predictor variable. Hence, table explains that task performance of nurses will change with standard deviation of 0.535 with change or increase in predictor variable of structural empowerment. The t statistic is a measure of how extreme a statistical estimate is. A t-value of 0 indicates that the sample result is exactly equal to the null hypothesis and as its value is going to increase the relationship between predictor and criterion will improve as it is reported in table as 10.175. Only one of the statistical parameters is not enough for approval or rejection of hypotheses rather a number of statistical parameters check these relationships.

Table 4-6 also illustrates the standardized and un-standardized coefficient statistics. It was analyzed that the standardized coefficient value of authentic leadership with task performance is 0.545 which means that one unit change in predictor variable (authentic leadership) will bring 0.545 units change in criterion variable (task performance). Likewise, T-value should be more than 2 and here in this case, it is 10.439 that proves the relation valid. Hence, it is certified that authentic leadership has a significant effect on task performance of nurses in Pakistan Institute of Medical Sciences (PIMS). Likewise, Table 4-6 shows the standardized and un-standardized coefficients of relationship of variables professional nursing practice environment has a significant effect on task performance. The significance value as stated above also shows the significant results that become one of the reasons for hypothesis to be proved. On the other hand, the standard coefficient value is 0.501 and it shows that one unit change in professional nursing practice environment can bring 0.501 unit change or standard deviation change in the task performance of nurses. The value of T value is 10.396 and it shows that relationship is acceptable for approval hence hypothesis is approved.

The regression analysis in Table 4-6 shows the hypothesis testing of statement that structural empowerment has a significant effect on organization citizenship behavior of nurses. The model

summary of regression statistics is also given in Table 4-6, with R square value and adjusted R square value as 0.215 and 0.212 respectively. It explains that 21.5 % of the criterion variable 'organization citizenship behavior' is being explained by predictor variable structural empowerment and rest of the explained percentage might be due to other variables in the model or outside the model. In addition, the value of significance (P-value) is 0.000 that is less than 0.05 as a major sign of hypothesis approval. The analysis given in Table 4-6 explains the hypothesis that authentic leadership has a significant effect on organization citizenship behavior of nurses. Furthermore, model summary of regression statistics is given with R square value and adjusted R square value as 0.431 and 0.441 respectively. It explains that predictor (authentic leadership) is explaining 43.1 % of the criterion variable 'organization citizenship behavior' and rest of explained percentage might be due to other variables in model or outside model. In addition, the value of significance (P-value) is 0.000 that is less than 0.05 as a major sign of hypothesis approval that authentic leadership has a significant effect on organization citizenship behavior (OCB) of nurses. Table 4-6 states the reported relationship of model summary of regression that professional nursing practice environment has a significant effect on organization citizenship behavior (OCB) of nurses. The model summary shows the value of R square and adjusted R square as 0.512 and 0.509 as it explains that 51.2 % of organization citizenship behavior (OCB) of nurses are explained by predictor variable (professional nursing practice environment). It was also found that there are some variables in the relationship in the form of predictor variables that can explain the relationship. On the other hand, the significance value 0.000 that is less than 0.05 shows that professional nursing practice environment has a significant effect on organization citizenship behavior (OCB) of nurses. Table 4-6 shows the standardized and un-standardized coefficients of relationship of variables that structural empowerment has a significant effect on organization citizenship behavior (OCB) of nurses. The significance value as stated above also shows the positive and significant results so it is one of the reasons of hypothesis approval. On the other hand, the standard coefficient (Beta) value is 0.464 and one unit change in structural empowerment can change 0.464 unit change or standard deviation change in the value of organizational citizenship behavior. The T value is 8.043 and it shows that relationship is acceptable for approval hence hypothesis is approved. Similarly, the analysis proved the standardized coefficients of relationship of variables that authentic leadership has a significant effect on organization citizenship behavior (OCB). The standard coefficient (Beta) value is 0.463 and it shows that one

unit change in authentic leadership can bring 0.463 unit change or standard deviation change in the value of organizational citizenship behavior. The T value is 8.396 and it shows that relationship of authentic leadership with organizational citizenship behavior is significant and positive and hence the hypothesis is approved.

Table 4-6 also expressed the standardized and un-standardized coefficient statistics of hypothesis. It was found that the standardized coefficient value of professional nursing practice environment has a significant effect on organization citizenship behavior (OCB). The value 0.709 that states that one unit change in standard deviation in predictor variable (professional nursing learning environment) will make changes in 0.709 units in criterion variable (organizational citizenship behavior). Likewise, T-value should be more than 2 and here in this case, it is 11.201 that exhibit the relation as approved. Hence, it is stated that professional nursing practice environment has a significant effect on organization citizenship behavior at PIMS.

4.9 SUMMARY OF ANALYSIS

The Table 4-7 shows the summary of the analysis performed and results achieved.

Table 4-7 Results

Hypothesis	Hypothesized Relationship	Supported / Not Supported
H1 (a)	Structural Empowerment has a significant effect on task performance of nurses.	Supported
H1 (b)	Structural Empowerment has a significant effect on organization citizenship behavior of nurses.	Supported
H2 (a)	Authentic Leadership has a significant effect on task performance of nurses.	Supported
H2 (b)	Authentic Leadership has a significant effect on organizational citizenship behavior of nurses.	Supported
H3 (a)	Professional nursing practice environment has a significant effect on task performance of nurses.	Supported
H3 (b)	Professional nursing practice environment has a significant effect on organizational citizenship behavior of nurses.	Supported

This chapter was composed of data analysis performed on the data collected through distribution of questionnaires. The data included demographics, validity, reliability, correlation analysis and regression analysis. Furthermore, the analysis discussion was narrated at the end of each data analysis table represented. Over the course of the chapter, the demographics were represented to show the real world data set being used to conduct the study. The reliability factor indicated that the data collected was authentic and hence was proved by the correlation factor. The detailed regression analysis proved if the hypotheses were supported or not. It is to conclude that all hypotheses were supported by the data and analysis performed on that data.

CHAPTER 05:   DISCUSSION, IMPLICATIONS AND CONCLUSION

5.1 INTRODUCTION

This chapter contains the detailed discussion of the hypotheses that were framed to investigate the relationship among authentic leadership, structural empowerment, and professional nursing practice environment on the organizational citizenship behavior (OCB) and task performance of nurses. Furthermore, the discussion is followed by the findings, which are inferred from the analysis of the data collected. The chapter is concluded on the recommendations based on findings.

Numerous studies have been conducted to prove the relationship of the variables studied in this research. However, in Pakistan, the research related to these variables specifically related to healthcare department is almost non-existent. Researchers might have ignored the healthcare department in past but the declining number of nurses and retention of experienced nurses has grabbed the attention of practitioners as well as researchers alike. The objectives of this research was to study the relationship amongst structural empowerment, authentic leadership, and professional nursing practice environment with OCB and task performance. The research conducted achieved the objectives set forth. The research proved the positive impact of structural empowerment with OCB and task performance. Nurses are the main body which interacts, deals, serves and takes care of the patients, hence the main person who deals with the customers first hand. A practitioner is involved in diagnoses and treatment, but the nurses' staff deals with the rest of the patients in health care department. This makes their voice more important when it comes to improving healthcare services. A proper structural infrastructure at healthcare department allows the nurses to help play their part for the betterment of the customer services. It also gives them courage and makes them feel significant when their voice is heard in matters concerning their profession. The research proved that the concept of structural empowerment is much significant with good attitude and behavior for patients and nurses as it corresponds with the findings of (Keiko Kuniea, 2017). It was proposed that individuals must have a power of accomplishing their job as a meaningful way and the environment, which enables them to work as personal agency for achieving work goals. Furthermore, it helps them set their own goals for the betterment of their

career and higher achievement environment (Maasoumeh Barkhordari-Sharifabad, 2017). In addition, it was observed that nursing managers must maintain an effective environment, which can provide adequate resources for nurses because it enables to encourage the health of patient by having access, empowerment and authentic leadership (Kramer, Schmalenberg, & Maguire, 2010). Similarly, nurses` structural empowerment is explained as "patient perceptions of access to information, support, resources, and opportunities to learn and grow that enable them to optimize their health and gain a sense of meaningfulness, self-determination, competency and impact on their lives" (Schulz & Nakamoto, 2013).

The hypothesis was formed that empowerment effects OCB and job performance. Study showed the significance of empowerment among nurses and nursing profession. In addition, empowerment to nurses leads to increased job satisfaction, decrease burnout, enhanced decision-making, improved perceptions of trust, respect and fairness, improved job performance, improved commitment, and less job stress. In addition, nurses' empowerment has been known to have positive impact on patient outcomes as it increases patient safety, increase patient satisfaction and improve quality of nursing care. Many factors contribute towards empowerment of nurses, for example leadership style, organizational culture and structure, nurses characteristics, expertise and competencies of nurses, social support and effective monitoring. Another aspect of the research was to relate structural empowerment with authentic leadership. The purpose was to identify the effect of authentic leadership and the combined effect of it with structural empowerment on OCB and task performance. The research proved the hypothesis that authentic leadership plays a vital part in nurses' performance. Nurses perceived an increasing level of trust and authenticity that is positively linked with perception of nurses` work environment that ultimately leads to person-job match in the areas of work life environment. Furthermore, nurses having an experience of best person-job match reported a minimum level of unfavorable patient outcome whereas on the other hand, nurses with negative adverse experience of person-job fit and negative view of working environment leads to enhanced negative patient outcome. Hence, it was found that authentic leadership leads to good working environment in order to achieve desired outcome from nurse's job experience (Shelly A. Fischer, 2017). Furthermore, current study explored that there is an additional support for structural empowerment and authentic leadership theory through connecting and accurate liaison with theory of leadership and nurses assessed patient outcome (F Fallatah,

HKS Laschinger, 2016). Moreover, the results of the study attributed towards the contribution of increasing body of knowledge and much empirical evidence in illustrating the linkage of authentic leadership, structural empowerment, and patient health outcome. The significance of authentic leadership and structural empowerment in creation of workplace situation for nurses is much vital so that it can foster the trust in management and facilitate the minimum number of adverse events for patients as it was reinforced in the whole process. Moreover, when health care employees especially nurses face shortage of nurses, their management staff, economic resources, and physical resources, then it is much critical to ensure the working environment of nurses and managers at workplace. It was also observed that optimal ways should be found to engage the nursing staff personally and professionally for better patient outcomes.

Authentic leadership is a guiding tool for effective and efficient leadership that is required to develop a culture of trust and healthy work environment (M Barkhordari Sharifabad, T Ashktorab, 2018). Moreover, special attention must be given to integrity, honesty, and good ethical standard in order to develop a leader-follower relationship. The quality of efficient leadership to the healthcare systems has been good in the current scenario. A number of challenges for the healthcare leaders include huge aging population, projected shortages of nurses, retirement of nursing leaders, subjective reports of young nurses' reducing interest of leadership, unhealthy job attitude, and patients' outcome. Authentic leadership and structural empowerment must be given a priority for achieving a good working environment for the nurses. In the same way, the orientation towards leader-follower relationship primarily centers towards the positive capabilities that already exist in the workplace and can provide advantage for everlasting change in the working environment (HKS Laschinger, R Frida, 2015). In addition, it was also observed that there is always a theoretical support for theoretical and practical framework for relationship of structural empowerment and authentic leadership and it has also been found in current study. There should be a strong mechanism for understanding the deepest relationship of authentic leadership with professional learning practice environment so that task performance can be achieved by getting right work attitudes and outcomes in healthcare setting (Ahn, 2016).

Additionally, there are four parts of authentic leadership like authentic behavior, self-awareness, balanced information processing, and relational transparency as discussed in current and previous

studies. The task performance of nurses is much relied on the hospital work setting and the attitude of nurse managers in order to satisfy the patients in these hospitals. Likewise, nurses' managers and nurses with attitude of authentic leadership are open and clear regarding their perspectives and in the same way, these behaviors are also receptive to different views (Hirst, Aryee, Butarbutar, & Chen, 2016). Internalized moral perspective is a type of self-regulation in majority of the cases; it is led by internal standards rather external standards for self-regulating the behavior (M Craigie, S Slatyer, D Hegney, R Osseiran-Moisson, 2016). Similarly, nurses with authentic leadership characteristics are consistent in their actions with ethical standards and expressed values. Relational transparency is a characteristic of authentic leaders and it is presenting self-behavior by openly sharing feelings and information, as these are suitable for situations or open, short, and honest communication (Reinecke & Trepte, 2014). Nurses with highest standards of working ethics are well aware of their strengths and weaknesses (Kay L.Kolthoff, 2017). Therefore, it is concluded that the theory of authentic leadership must maintain the highest level of four elements, which can be used for gathering the trust and respect for followers. Moreover, personal conviction, ethical standards and values facilitate the collaborative and open environment with other nurses so that good care culture can be promoted in order to provide quality services (HJ Song, SM Lee, 2016).

Professional nursing practice environment is the root cause of effective patient care. It was observed that authentic leadership is also root part of efficient leadership that is needed for healthy working environment and building trust. In addition, the culture of leadership and empowerment promotes safety of patients and excellence in recruiting, caring, and retaining staff (S Wang, Y Liu, 2015). The model of leadership particularly focuses on the positive role of integrity, honesty, high ethical standards for the growth and development of leader-follower relationship. The deficiency of nursing staff in the hospital enhances the difficulty of maintaining the feasible and acceptable health care values (Aiken, 2001). Less qualified health professional requires the maximum training as well as management experience and hence it leads to increased nursing role within organization.

It is also mandatory for creation of effective work environment, which encourages and supports the high degree of commitment for nurses (Price, 2015). The challenges faced by health care

professionals are important in general as well as particular due to shortage of nursing staff. Hence, the findings of the current study contribute to the evidence and supports the fact that professional nursing practices might affect positively on the working style of new graduate nurses (Vandenbergheb, 2016). Additionally, new nurses on job with relational social capital that appears as an interpersonal resource may be refined to create honest and positive relationship with old nurses on job and in this way, they should be more responsive in building empowering structure for job. Hence, all the hypotheses proposed were proved through research, data collection and analysis from a real world scenario. The importance of structural empowerment, authentic leadership and professional nursing practices can help reduce turnover rate, discourage the taboos related to the job, improve the profession overall and make a significance impact on improvement of health care department.

5.2 THEORETICAL CONTRIBUTION

The outcome of the data analysis from the current study shows the importance of the factors being studied and their wide scope of implementation. The statistical analysis shows that for enhancing the nurses' performance and promoting the good work engagement in professional practice environment, significant actions of authentic leadership are required. For example, sharing information, special behavior, truthful and open dealing with staff, and seeking feedback from nursing staff. Furthermore, in order to involve them into effective decision-making, it is required from nursing managers to highlight the ethical standards to be followed to receive positive outcomes. It was found that managers who have high vision in the core values are fair in portraying them and demonstrating how to handle decisions of authentic leaders in health care institutions. Due to the contribution of nursing staff for achieving the goal of task performance in health care institutions is likely to affect the sense of feeling of structural empowerment, professional nursing practice environment, and interpersonal identification (Alharbi, 2017). The leadership of nursing staff may improve the caring attitude quality and condition of workplace through paying proper attention and leading the staff members by performing certain duties by themselves. Likewise, the relationship between authentic leadership and structural empowerment facilitates the positive and genuine relationship with other nursing staff. The willingness of the nursing staff can contribute

towards the voice concerns and suggestions for improving workplace that included care of patients (Kacey Keykoa, 2016).

Public health institutes would benefit the nursing leaders for encouraging more authentic and empowered relationship as it might increase the matter of trust among the nurses and at the level of organization. As a result, nurses are more likely to put extra and supplementary effort in order to improve the working conditions. It was observed that nurses have prominent role in supporting and creating a working environment, which can build the engagement of nurses at workplace. Furthermore, a culture that supports the management and nurses rhetoric develops a strong interpersonal relationship that is built on ethical principle, trust, and integrity (Laschinger, 2016). Similarly, workplace trust, authentic leadership, and organizational citizenship behavior (OCB) can play a pivotal role in public health institutes and therefore the lack of staff shortages, lack of nurses and resources, distrust on leadership tactics, and financial constraints have diverse impact on decreasing the morale of nursing staff. These problems of nursing staff also leads to distrust on co-workers and supervisor and hence it influences negatively on the willingness of going an 'extra mile' to do the necessary work (Gartner, Nieuwenhuijsen, van Dijk, & Sluiter, 2015). Additionally, previous and current studies highlight the importance of encouraging organizational citizenship behavior to help nurses to flourish and be productive at their work. Public health care managers and leaders can strive for developing unique and innovative involvement for promoting positive attitude of nurses and their behaviors (Gilbert, 2010).

The development of leadership initiative could go for conducive environment in order to improve the managerial skills like making mutual exchange relationship with nurses and for building trust (Davies, Wong, & Laschinger, 2011). Moreover, the four elements of authentic leadership may be developed through emotional intelligence and coaching among staff nurses. The caring attitude of nurses for the sake of patients can be improved by restructuring and allowing managers to supervise their work more closely. This will subsequently increase the empowered, professional, authentic work pattern, and organizational citizenship behavior (OCB). Similarly, other possible causes are to increase the trust in organization and its workers in order to engage the nurses in team building and build the organizational environment.

According to analysis of demographic statistics, the current study has some findings such as:

> ➢ There is difference between the responses of single and married nurses on the proposed items of variables in research framework of authentic leadership, structural empowerment, professional nursing practice environment, organizational citizenship behavior (OCB) and task performance. Hence, single and married respondents considered their job as different and distinct.

> ➢ 46% of respondents with age group of 21 to 29 years have a major part in current study and hence, it has influenced the outcomes of the study.

> ➢ 52.7 % respondents, who have their qualification as "bachelor/Honors" have a major chunk in current study and clearly influenced the study outcomes in order to measure the relationship among under-discussed variables.

> ➢ Almost 49% respondents have a job experience as 5 to 7 years and they rated the questionnaires in varied manner as compared to other respondents.

> ➢ 42.7 % of respondents have two children and hence it become a major chunk in study and their response rate is much different as compared to other respondents having 1, 2 and 4 children.

> ➢ The regression analysis proved that there is positive and significant relationship among authentic leadership, structural empowerment, and professional nursing practice environment with the organizational citizenship behavior (OCB).

> ➢ It was also analyzed through regression analysis that there is positive and significant relationship of authentic leadership, structural empowerment, and professional nursing practice environment with task performance.

This study explored the relationship between three internal factors of the organization i.e. structural empowerment, authentic leadership and professional nursing practice environment with two variables task performance and organization citizenship behavior. The latter two are major concerns of the healthcare industry as of today. This research developed a hypothesized framework and tested the relationship of variables based on data collected from one of the hospitals located in the capital city of Pakistan. The linkages that appeared from literature between structural empowerment, authentic leadership and professional nursing practice environment with task

performance and organization citizenship behavior were simultaneously tested through statistical data analysis. Therefore, the results add knowledge to the literature as the combined effect of the mentioned variables was not studied before (Regan, Laschinger, & Wong, 2016). In addition to that, there were similarities and differences found in the opinions of targeted population that reflected different mindsets of the respondents based on their age, experience, gender and priorities which may not show similar results in other countries.

The previous studies were focused on the impact of structural empowerment, authentic leadership and professional nursing practice environment on job performance of nurses as a whole. That is a diverse term and includes number of factors but this study splits job performance into two variables i.e. task performance and OCB to provide in depth knowledge of each variable and study the relationship among all variables simultaneously. In addition to this, the outcomes of the study provide possible guidelines for the management and government policy makers to not only avoid poor performance issues and lack of commitment by nursing staff but also bring improvements for a positive change in task performance and OCB of nurses thereby contributing towards the healthcare industry. As the results, this will affect the entire infrastructure of nurses in health care sector of the country. Research has been conducted in western countries to study the impact of empowerment and authentic leadership. The results of these studies have a great impact on the healthcare industry of the western world as evident through the benefits that are provided to nurses in their healthcare sector. These studies had a deep impact on the overall profession as well leading to good reputation of nurses and respect given to them (Sandra Regan, Heather K. S. Laschinger, FAAN, Carol A. Wong, 2015).

The study also makes a contextual contribution by conducting the research in Pakistan to contribute towards existent literature through statistical data analysis conducted on the data collected from one of the prime medical institutes of Islamabad, Pakistan. According to a research conducted in west to see the impact of structural empowerment and authentic leadership on job satisfaction and performance of nurses. The results indicated a significant relationship (A. & Laschinger, 2015). In western countries, employees feel more committed towards the organization when they do not feel dominated by senior management and have power/freedom to utilize their skills and resources. This is mainly because of the fact that freedom is considered to be one of the

most important things in west. Personal freedom gives a person the feeling that he/she is not forced by somebody to perform a certain task or to be controlled from doing a certain act. Freedom and empowerment is also a part of western culture. A leader who is optimistic and resilient will give more empowerment to the people working with him (Patterson, 2015).

On the other hand, similar results have been found in the current study on the healthcare institute of Pakistan. The major factor that is contributing towards perception of people regarding freedom is their education and experience. As the people of today are focusing more on getting themselves educated and qualified, freedom is becoming more important for them. It includes freedom at workplace, freedom to study, freedom to take their own decisions and so on. Although this is not a part of the culture of Pakistan but with the advancement in today's world, there is change in the perspective of our society towards one's own will. Therefore, it becomes important that the nurses in health care institutes are provided with a right to use their knowledge and power in a positive way and not to be dependent on others. This is essential to keep them committed towards their job.

For the past few years, increased attention is being given to the nurses. Numerous studies have focused on the aspect of staffing and organization of nursing staff. The important question for researchers and practitioners is how to recruit and retain nurses who are trained and skillful in order to improve the patient care quality in healthcare institutes. The study also brings into account the importance of professional practice environment in order to keep the skilled workforce satisfied with their jobs. Hence, contributing towards good performance and long term commitment from them. The results show significant relationship between professional nursing practice environment with task performance and OCB. Management should ensure provision of safe and resourceful practice environment in order to make the workforce feel at ease at workplace. Such practices need to be promoted at workplace that will create friendly and resourceful environment to ensure the fulfilment of interests of the stakeholders (Bogaert, Clarke, & Mondelaers, 2016).

When the research is carried out in Pakistan's context to study the relationship of professional practice environment with task performance and OCB, same results have been observed. The reason mainly being the private hospitals. These hospitals have introduced a culture that is providing more friendly environment, better resources and work-life balance. As the private sector

alone cannot provide adequate job opportunities, therefore, workforce is trying to make their way towards west as the culture of professional practice environment started from west. This is creating a challenge for our country to retain skilled workforce.

In the public sector, there is also a lack of sincere will and effort on the government's part to improve the overall status of health facility and health care providers. Only 0.57% of GDP is spent on health. The health facility assessment carried out under PAIMAN reflected disparity among districts in provision of health care facilities (including trained personnel, medicine, equipment and ancillary services). Insufficient and inconsistent resource allocation is one of the major factors among many, contributing to the disparity (Jernigan, Edward, Beggs, M, Kohut, & F, 2016). The results of this study will have a great impact on the over-all health care industry of Pakistan due to the results obtained through statistical analysis and the possible suggestions provided to the policy makers. The findings of the study suggest that the managers should focus on self-awareness, balanced processing, transparency and high ethical standards during their interaction with nurses. There must be empowerment, availability of resources and equality within the organization. This in turn will help resolve the arising issues pertaining to health care sector of Pakistan and particularly nurses.

5.3 PRACTICAL IMPLICATIONS

The findings of the current study have its implication for nurses at workplace and nurses' management. Therefore, it is recommended that managers should play their part to emphasize self-awareness, balanced processing, transparency, and high ethical standards during interaction with nurses. Moreover, manager's trust factor is very significant, as it leads to authentic behavior. The relationship of professional nursing practice environment with task performance has its implication in fostering the relationship of job-fit as per expectation of nurses at work and their life quality, process, and goals so that it can enhance the better performance and good work engagement. In addition, authentic nurse leaders are capable to create the working environment, which can support the work quality and professional nursing practice as a safety culture for adverse patient outcomes.

Furthermore, it was observed that unsafe culture and trust deficit at working environment can lead to adverse events and happenings hence it has negative implications at workplace. In addition, thorough quick investigation of unsafe incidents, effective as well as open mechanism of communication can lead to the trust factoring order to collaborate and understand the concern of patient (Khatri, 2009). Likewise, when the health care professionals are able to know that there is a trust worthy and effective advisor or manager who listens to them, they are likely to experience more significant and effective view of work environment. The implication of current study is at wide level considering different viewpoints and it may disagree or challenge the manager view in order to explore the other managers before making any decision. It also objectively considers the huge range of data in decision making as an essential factor for devising effective strategy for nursing management in order to convey the good nursing practices and authenticity to the patients (Polit & Beck, 2010). Hence, the involvement of nursing staff in decision-making and so forth connecting these decisions for achieving goals enhances the ownership and workplace engagement. The study implicates that adopting these positive practices in healthcare departments can not only improve the overall job performance of the nurses but also can help solve the high turnover ratio of nurses. Furthermore, the structural empowerment can help make better policies at work place that can help eliminate the negative taboos associated with the profession and encourage young and enthusiastic people to adopt this profession as their career. The study lays a basis for future research that can help researchers to explore other arenas of this profession and how they can help play their part in improvement of the healthcare services by nurses.

5.4 LIMITATIONS

Despite of all the efforts to cover major aspects in current study, there remain number of limitations that could not be overcome. The first limitation was that the study could only target 271 nurses out of total 841 nurses in Pakistan Institute of Medical Science (PIMS) due to shortage of time hence, it is recommended that future researchers can increase sample size in PIMS so that more accurate results can be achieved. Second limitation was that the research targeted only one health care institute of Islamabad due to time and financial constraints hence, it is recommended that future researchers can target other health care institutes of Islamabad and Rawalpindi so that results can be generalized. The third limitation is that the study was on a government health institute therefore,

access to the respondents was quite limited which led to slow responses and it took more time to collect data.

5.5 FUTURE DIRECTION

With the help of findings of the current study, the policy makers are suggested to give representation to nurses in prominent roles of hierarchy. Secondly, the nurses should be given due importance in decision-making role for the matters of the institute. Thirdly, nurses who are trained and experienced should not be kept dependent on doctors and head nurses for performing their routine tasks. Dependence on superiors for performing urgent tasks act as a useless obstacle. Furthermore, government policy makers should devise proper training programs for nurses at all levels; fresh graduates, mid-career, experienced. The training programs should be designed specifically according to the requirements of the nurses at above mentioned levels. Lastly, it should be made sure that the culture prevailing in the institute is of empowerment, encouragement and learning rather than autocratic and dominated by few senior members.

5.6 CONCLUSIONS

The purpose of the study conducted was to find the relationship between Authentic Leadership, Structural Empowerment and Professional Nursing Practice Environment on Task Performance and Organization Citizenship Behavior. The research was conducted by collecting data from PIMS. The main reason for using the data set was the declining performance of the nurses in this institute. Hence, this aligned with the purpose of studies and results show that the hypotheses formed were true in the nature. Furthermore, provided with good leadership practices, a power to speak and say in the betterment of health care department and professional nursing practices can not only help the institute to perform at its best but also this can have a significant impact on other health care institutions to develop and practice the processes followed in PIMS. Despite the limitations of the study conducted, all the hypotheses were proved through data collected and analysis performed.

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QUESTIONNAIRE

I will be thankful for sparing your precious time to fill this questionnaire for assessing "*the antecedents of task performance and organizational citizenship behavior – A case study"*. This research is purely conducted for academic purpose and all the **responses will be kept confidential.**

SECTION – 1

Please tick the most appropriate option:

Marital Status: ☐ Single   ☐ Married

Age: ☐ ≤ 20 Years   ☐ 21-29 Years   ☐ 30 Years and Above

Education: ☐ Masters & Above ☐ Bachelors/Hon ☐ HSS Certificate

Others☐_____

Job experience: ☐ 2 to 4 Year   ☐ 5 to 7 Years   ☐ More than 7 years

Children: ☐ 1   ☐ 2   ☐ 3   ☐ 4 and above

Please select the appropriate option

Structural Empowerment	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I always have growth opportunities at work.					
There is transparency of information at my workplace.					
I have all the resources required to do my work properly.					
I have formal power/authority at work	Strongly disagree Strongly Disagree Strongly disagree				
I have informal power/authority at work					
Authentic leadership (Self awareness)	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My head seeks feedback to improve interactions with others.					
My head accurately describes how others view his or her capabilities					
(Relational Transparency) My head says exactly what he or she means					

My head is willing to admit mistakes when they are made					
(Internalized Moral Perspective) My head demonstrates beliefs that are consistent with actions					
My head makes decisions based on his/her core beliefs					
(Balanced Processing) My head solicits views that challenge his or her deeply held positions					
My head listens carefully to different points of view before coming to conclusions					
Professional nursing practice environment	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
I get enough autonomy at work to manage things in my own way					
The practices at my workplace are focused on quality of output					
Nurses' participation is always appreciated and nurses are given the status that they deserve					

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Trainings and opportunities are provided for nurses' professional development					
The head nurses are supportive					
I have good and collaborative relationship with the physicians working here					
My peers/colleagues are supportive towards me whenever I need them					
OCB	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
(Loyalty) I would prefer sending my children to the same profession and workplace					
I feel that PIMS is the best hospital in the hospitalización industry for job.					
(Sportsmanship) I complain about all little things I don't like at workplace					
I always try to put extra effort in my work					
I encourage feedback from co-workers and superiors (head nurses):					
I oppose favouritism at work					
I encourage my family members to patronize the organization					
Organization Compliance : volunteer for things that are not absolutely required					

(boosting organization's image) I try to establish a good image of my organization in front of others					
(promoting organization's services) I promote my hospital's services in front of people so that they consider it as a good hospital (providing suggestions to co-workers related to their work).					
I provide suggestions to co-workers related to their work					
Task Performance	**Strongly Disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly Agree**
I formulate a plan of care, asses patients' health and evaluate the plan accordingly					
I get easy access to all the information I require to do my job					
I get all the support/help I require to do my work					
I volunteer for additional duties at work					

APPENDIX A

Regression

Variables Entered/Removed

Model	Variables Entered	Variables Removed	Method
1	PNPE7, PNPE2, SE2, AL5, AL1, PNPE4, SE5, AL3, AL7, PNPE1, SE4, SE3, AL6, SE1, AL8, AL2, PNPE5, PNPE6, AL4, PNPE3[b]	.	Enter

a. Dependent Variable: Org Citisenship Behavior

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.648[a]	.420	.371	.48134

a. Predictors: (Constant), PNPE7, PNPE2, SE2, AL5, AL1, PNPE4, SE5, AL3,

AL7, PNPE1, SE4, SE3, AL6, SE1, AL8, AL2, PNPE5, PNPE6, AL4, PNPE3

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	39.897	20	1.995	8.610	.000[b]
	Residual	55.143	238	.232		
	Total	95.039	258			

a. Dependent Variable: OrgCitisenshipBehavior

b. Predictors: (Constant), PNPE7, PNPE2, SE2, AL5, AL1, PNPE4, SE5, AL3, AL7, PNPE1, SE4, SE3, AL6, SE1, AL8, AL2, PNPE5, PNPE6, AL4, PNPE3

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.453	.335		4.342	.000
	SE1	.116	.056	.164	2.059	.041
	SE2	.019	.075	.020	.248	.804
	SE3	-.021	.068	-.024	-.309	.757
	SE4	.165	.067	.171	2.446	.015
	SE5	.112	.049	.153	2.269	.024
	AL1	.075	.048	.093	1.548	.123
	AL2	-.077	.069	-.100	-1.120	.264
	AL3	-.005	.087	-.006	-.062	.951
	AL4	.164	.066	.234	2.468	.014
	AL5	-.033	.049	-.061	-.677	.499
	AL6	.179	.044	.308	4.034	.000
	AL7	-.073	.053	-.094	-1.367	.173
	AL8	-.039	.063	-.050	-.620	.536
	PNPE1	.024	.063	.029	.389	.697
	PNPE2	-.139	.032	-.263	-4.290	.000

81

PNPE3	-.017	.079	-.021	-.210	.833
PNPE4	.125	.088	.163	1.423	.156
PNPE5	-.053	.072	-.068	-.739	.461
PNPE6	-.098	.040	-.233	-2.454	.015
PNPE7	-.057	.039	-.139	-1.449	.149

a. Dependent Variable: OrgCitisenshipBehavior

REGRESSION

 /MISSING LISTWISE

 /STATISTICS COEFF OUTS R ANOVA

 /CRITERIA=PIN(.05) POUT(.10)

 /NOORIGIN

 /DEPENDENT TaskPerformance

 /METHOD=ENTER SE1 SE2 SE3 SE4 SE5 AL1 AL2 AL3 AL4 AL5 AL6 AL7 AL8 PNPE1 PNPE2 PNPE3 PNPE4 PNPE5 PNPE6 PNPE7.

Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	PNPE7, PNPE2, SE2, AL5, AL1, PNPE4, SE5, AL3, AL7, PNPE1, SE4, SE3, AL6, SE1, AL8, AL2, PNPE5, PNPE6, AL4, PNPE3[b]	.	Enter

a. Dependent Variable: TaskPerformance

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.703[a]	.494	.452	.62307

a. Predictors: (Constant), PNPE7, PNPE2, SE2, AL5, AL1, PNPE4, SE5, AL3, AL7, PNPE1, SE4, SE3, AL6, SE1, AL8, AL2, PNPE5, PNPE6, AL4, PNPE3

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	90.368	20	4.518	11.639	.000[b]
	Residual	92.397	238	.388		
	Total	182.765	258			

a. Dependent Variable: TaskPerformance

b. Predictors: (Constant), PNPE7, PNPE2, SE2, AL5, AL1, PNPE4, SE5, AL3, AL7, PNPE1, SE4, SE3, AL6, SE1, AL8, AL2, PNPE5, PNPE6, AL4, PNPE3

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.360	.433		.832	.406
	SE1	.177	.073	.180	2.419	.016
	SE2	.085	.097	.065	.874	.383
	SE3	-.006	.087	-.005	-.069	.945

SE4	.123	.087	.092	1.410	.160
SE5	.148	.064	.146	2.321	.021
AL1	.052	.063	.046	.828	.408
AL2	-.006	.089	-.006	-.072	.943
AL3	.035	.113	.027	.305	.760
AL4	.068	.086	.070	.795	.428
AL5	.027	.063	.036	.431	.667
AL6	.278	.057	.345	4.837	.000
AL7	.003	.069	.003	.044	.965
AL8	-.018	.081	-.016	-.218	.827
PNPE1	-.011	.081	-.009	-.131	.896
PNPE2	-.117	.042	-.160	-2.800	.006
PNPE3	.019	.102	.018	.191	.849
PNPE4	.201	.114	.189	1.771	.078
PNPE5	-.161	.093	-.148	-1.731	.085
PNPE6	-.167	.052	-.287	-3.239	.001
PNPE7	.029	.051	.051	.574	.566

a. Dependent Variable: TaskPerformance

FACTOR

 /VARIABLES SE1 SE2 SE3 SE4 SE5 AL1 AL2 AL3 AL4 AL5 AL6 AL7 AL8 PNPE1 PNPE2 PNPE3 PNPE4 PNPE5 PNPE6 PNPE7 OCB1 OCB2 OCB3 OCB4 OCB5 OCB7 OCB8 OCB9 OCB10 TP1 TP2 TP3 TP4

 /MISSING LISTWISE

 /ANALYSIS SE1 SE2 SE3 SE4 SE5 AL1 AL2 AL3 AL4 AL5 AL6 AL7 AL8 PNPE1 PNPE2 PNPE3 PNPE4 PNPE5 PNPE6 PNPE7 OCB1 OCB2 OCB3 OCB4 OCB5 OCB7 OCB8 OCB9 OCB10 TP1 TP2 TP3 TP4

/PRINT INITIAL EXTRACTION

/CRITERIA MINEIGEN(1) ITERATE(25)

/EXTRACTION PC

/ROTATION NOROTATE

/METHOD=CORRELATION.

Factor Analysis

Communalities

	Initial	Extraction
SE1	1.000	.680
SE2	1.000	.712
SE3	1.000	.673
SE4	1.000	.600
SE5	1.000	.603
AL1	1.000	.524
AL2	1.000	.751
AL3	1.000	.815
AL4	1.000	.820
AL5	1.000	.777
AL6	1.000	.702
AL7	1.000	.602
AL8	1.000	.611
PNPE1	1.000	.599
PNPE2	1.000	.657

PNPE3	1.000	.857
PNPE4	1.000	.868
PNPE5	1.000	.724
PNPE6	1.000	.834
PNPE7	1.000	.845
OCB1	1.000	.534
OCB2	1.000	.669
OCB3	1.000	.949
OCB4	1.000	.945
OCB5	1.000	.836
OCB7	1.000	.940
OCB8	1.000	.949
OCB9	1.000	.945
OCB10	1.000	.836
TP1	1.000	.940
TP2	1.000	.940
TP3	1.000	.949
TP4	1.000	.945

Extraction Method: Principal
Component Analysis.

Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	Total	% of Variance
1	11.674	35.377	35.377	11.674	35.377

2	4.281	12.971	48.348	4.281	12.971
3	2.780	8.425	56.773	2.780	8.425
4	1.636	4.958	61.731	1.636	4.958
5	1.544	4.679	66.410	1.544	4.679
6	1.446	4.381	70.791	1.446	4.381
7	1.196	3.624	74.414	1.196	3.624
8	1.074	3.256	77.670	1.074	3.256
9	.950	2.879	80.550		
10	.842	2.553	83.102		
11	.673	2.041	85.143		
12	.634	1.921	87.064		
13	.555	1.682	88.745		
14	.505	1.529	90.274		
15	.494	1.497	91.771		
16	.450	1.364	93.135		
17	.401	1.215	94.350		
18	.345	1.046	95.396		
19	.321	.973	96.369		
20	.243	.736	97.105		
21	.229	.695	97.800		
22	.188	.571	98.370		
23	.169	.511	98.881		
24	.156	.474	99.356		
25	.108	.326	99.681		

26	.105	.319	100.000	
27	3.977E-016	1.205E-015	100.000	
28	1.604E-016	4.861E-016	100.000	
29	5.493E-017	1.665E-016	100.000	
30	2.956E-017	8.958E-017	100.000	
31	-1.620E-017	-4.910E-017	100.000	
32	-6.298E-017	-1.909E-016	100.000	
33	-1.450E-016	-4.394E-016	100.000	

Component Matrix[a]

	Component							
	1	2	3	4	5	6	7	8
SE1	.675	.089	.190	.293	-.145	-.186	-.197	-.011
SE2	.535	.129	.006	.470	-.109	-.408	.064	-.078
SE3	.626	.077	.280	.391	-.082	-.164	-.099	.019
SE4	.569	.109	.095	.383	.197	-.187	.180	-.046
SE5	.574	.020	.187	.262	.021	-.211	.182	.303
AL1	.467	.024	.077	-.015	.246	-.132	.408	-.235
AL2	.652	-.004	.315	.006	.292	-.128	-.337	-.107
AL3	.566	.079	.425	.082	.168	-.110	-.476	-.184
AL4	.673	.039	.258	-.185	.336	.251	-.178	-.239
AL5	.690	.006	.139	-.313	.304	.194	-.126	-.192
AL6	.692	.073	-.008	-.226	.329	.053	.221	-.086
AL7	.621	-.002	.176	-.126	.329	-.058	.174	.167

AL8	.683	-.074	.228	-.089	.079	.022	.200	.181
PNPE1	.565	-.077	.340	-.150	-.112	-.003	.293	.195
PNPE2	.356	-.216	.306	-.395	-.069	-.420	.214	.082
PNPE3	.596	-.053	.479	-.081	-.425	.233	-.098	.136
PNPE4	.586	-.016	.489	-.044	-.479	.215	-.052	.074
PNPE5	.532	-.106	.393	-.179	-.305	.348	.160	-.053
PNPE6	.199	-.578	.067	.526	.091	.404	.075	-.049
PNPE7	.271	-.621	-.044	.385	.212	.426	.113	-.046
OCB1	-.274	.544	.252	-.050	.193	-.017	.224	-.094
OCB2	-.312	.533	.119	.286	.123	.298	.287	.073
OCB3	-.138	.943	.109	.061	.013	.143	-.030	.056
OCB4	.781	.216	-.338	-.018	-.256	-.046	.095	-.312
OCB5	.746	.096	-.473	-.016	-.059	.206	.013	.031
OCB7	.808	.090	-.377	-.046	.105	.009	-.133	.326
OCB8	-.138	.943	.109	.061	.013	.143	-.030	.056
OCB9	.781	.216	-.338	-.018	-.256	-.046	.095	-.312
OCB10	.746	.096	-.473	-.016	-.059	.206	.013	.031
TP1	.808	.090	-.377	-.046	.105	.009	-.133	.326
TP2	.808	.090	-.377	-.046	.105	.009	-.133	.326
TP3	-.138	.943	.109	.061	.013	.143	-.030	.056
TP4	.781	.216	-.338	-.018	-.256	-.046	.095	-.312

Extraction Method: Principal Component Analysis.[a]

a. 8 components extracted.