Nurse Engagement in Professional and Organisational Citizenship Over the Past Decade: An Integrative Review

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Aim
To report the current state of nurses' engagement in professional and organisational citizenship behaviours worldwide and identify the factors that enable or hinder these discretionary, value-adding actions.

Design
Integrative literature review.

Methods
Peer-reviewed empirical studies, theoretical works and editorials published in English between January 2015 and April 2025 were eligible. Reports had to examine nurses' engagement in professional citizenship behaviours or organisational citizenship behaviours. Conference abstracts, dissertations and studies centred on non-nursing workforces were excluded. Quality was appraised with the mixed methods appraisal tool; data were synthesised narratively using constant-comparison techniques.

Data Sources
CINAHL Complete and MEDLINE were searched on 30 April 2025.

Results
Nineteen articles met inclusion criteria: seventeen empirical studies (sixteen cross-sectional surveys; one randomised controlled trial) and two editorials. Research emerged across eight countries including Asia, the Middle East, Europe and North America. For organisational citizenship, six inter-locking themes emerged: (1) psychological resources & personality, (2) attitudinal & affective mediators, (3) leadership effects, (4) ethical, fair, & supportive climate, (5) outcomes (patient safety, job satisfaction, retention) of organizational citizenship, and (6) sparse intervention evidence (one neurolinguistic-programming RCT). No empirical studies directly measured professional citizenship; evidence is limited to two conceptual papers calling for civic, policy and professional association engagement. Thus, the main theme was (7) professional citizenship as a nascent (i.e., *emerging*) field. Overall, citizenship flourished when nurses felt psychologically resourced, fairly treated and supported by transformational or ethical leaders. Burnout, incivility and destructive leadership suppressed organisational citizenship behaviours.

Conclusion
Nurses' organisational citizenship behaviours yield important benefits for patients, staff, and healthcare organisations, including improved safety, satisfaction, and retention. In contrast, professional citizenship behaviours remain largely conceptual, highlighting the need for foundational research to define and operationalise this construct. Advancing both organisational and professional citizenship should be a strategic priority for health systems worldwide to sustain the nursing workforce and strengthen care quality.

Implications for the Profession and/or Patient Care
Embedding citizenship behaviours in education, leadership development and policy can strengthen workforce retention, enhance patient-safety culture and drive professional

advocacy. Priority actions include routine assessment of organisational citizenship behaviours, leadership coaching, and instrument development plus intervention trials targeting professional citizenship behaviours.

Impact

- **What problem did the study address?**
  The review tackled the absence of a consolidated understanding of how, where and why nurses engage in professional and organisational citizenship behaviours and the consequences for workforce sustainability and care quality.
- **What were the main findings?**
  Psychological capital, supportive leadership and just ethical climates consistently foster OCBs that, in turn, improve patient safety, job satisfaction and intention to stay. Evidence for PCBs is conceptual only, signalling a critical research gap.
- **Where and on whom will the research have an impact?**
  Findings inform nurse leaders, workforce planners and educators designing retention strategies and healthy-workplace initiatives, and guide researchers developing theory-driven measures and interventions, particularly in settings facing high turnover or patient-safety concerns.

Reporting Method
Review conducted and reported in line with PRISMA 2020 guidelines.

Patient or Public Contribution
None.

Keywords
Nursing workforce; Professional citizenship; Organisational citizenship behaviour; Nurse engagement; Retention; Healthy workplaces

Introduction

Background and Significance

The sustainability of the healthcare workforce is an ongoing challenge for healthcare systems worldwide (World Health Organization [WHO], 2017), with nurses serving as a vital element of quality healthcare delivery within these systems (Oldland, Botti, Hutchinson et al., 2020). Registered nurses (RNs) represent a large proportion of the workforce, however, a persistent and substantial shortage of nurses exists across all economic contexts (WHO, 2020). This ongoing shortage of nurses poses substantial risks to the quality, safety, and sustainability of care provision (Goyal and Kaur, 2023). Consequently, the effective recruitment and retention of nurses is essential for maintaining a stable and effective nursing workforce that can meet the complex and evolving demands of contemporary healthcare (Brook et al., 2019).

While some countries have focused on recruitment, it has been argued that recruiting new nurses alone cannot resolve this crisis; the most immediate and impactful solution lies in retaining experienced nurses already working within the system (Pressley & Garside, 2023). However, low levels of workplace satisfaction are associated with high nursing turnover (Wu et al., 2024). Turnover has been shown to disrupt team cohesion and undermine patient outcomes (Bae et al., 2023). These consequences highlight just one aspect of the broader challenges involved in maintaining a stable nursing workforce. It is evident from these debates that the sustainability of the nursing workforce is highly complex and influenced by multiple factors.

At the individual level, Gaffney and Hofmeyer (2024) have emphasized the importance of nurses feeling valued in the workplace, highlighting its crucial role in

enhancing their subjective well-being. These authors note that engagement with colleagues fosters a sense of common humanity, reinforcing the notion that individual nursing work contributes value to the profession. Conversely, research consistently demonstrates that nurses are often exposed to workplace incivility, which is closely related to increased turnover and intentions to leave the profession (Jackson et al., 2024; Jarden et al., 2023; Kavaklı & Yildirim, 2022). Additionally, workplace incivility has been shown to increase work stress, presenteeism, and decrease psychological resilience, all of which can undermine both individual and team performance and ultimately compromise patient care (Durmuş et al., 2024).

While individual well-being and positive interpersonal interactions are essential, sustaining a healthy nursing workforce also requires a collective commitment to behaviours that go beyond formal job descriptions. For instance, the International Council of Nurses' 2025 report emphasises that strategies for recruitment and retention must address not only individual well-being but also organisational culture and supportive workplace behaviours that extend beyond contractual obligations (Sharplin et al., 2025). Additionally, research on interpersonal communication and team dynamics among nurses highlights that effective collaboration, mutual support, and positive group behaviours are essential for workforce sustainability and quality care, further supporting the need for organisational citizenship behaviours within nursing teams (Aydogdu, 2024; Mahvar et al., 2020). In this context, several aspects of nursing citizenship assume critical importance.

Professional Citizenship (PC) is a form of citizenship in which there is an internalised identity grounded in the nurse's membership in, and accountability to, the self-regulating community of nursing (American Nurses Association [ANA], 2025; Fulton,

2019; Sharpnack 2024). PC encompasses the rights, privileges, and corresponding obligations to a) uphold the discipline's ethical covenant with society, b) participate fully in the profession's democratic forums and decision-making structures, c) steward its knowledge, standards and public reputation, and d) pursue collective action that advances health, justice and the common good (ANA, n.d.; Fulton, 2019; Sharpnack 2024). *Professional citizenship behaviours* (PCBs) are the observable, discretionary actions through which professional citizenship is enacted. They are voluntary, collegial, supportive, and usually uncompensated activities that reach beyond contractual job duties or employer-specific goals and are expressly aimed at sustaining and advancing the nursing profession through sociopolitical engagement and both formal and informal peer support (ANA, 2025; n.d.; Fulton, 2019; Sharpnack 2024; Watson et al., 2025).

In contrast, *Organisational Citizenship* (OC) involves discretionary attitudes and engagement from nurses that support their employing healthcare organisation's broader social and psychological environment. *Organisational citizenship behaviours* (OCBs) encompass discretionary individual actions that extend beyond employees prescribed contractual obligations (AL-Ruzzieh et al., 2022). For example, helping colleagues with work-related problems or tasks without expecting anything in return, being polite and courteous, demonstrating responsibility beyond what is required (e.g., staying late to finish tasks), and 'civic virtue' which means participating in the life of the organisation such as attending meetings, volunteering and/or suggesting improvements (Fan et al., 2023). Whilst OCBs broadly benefit the workplace, PCBs specifically refers to actions that uphold and advance the standards, values, and reputation of one's profession (Fulton, 2019).

In nursing, PC enhances individual practice and lays the foundation for broader engagement in professional and OCBs, which are vital for fostering healthy work environments (Feather et al., 2018). Recent literature identified several factors contributing to the emergence of OCBs, broadly grouped into organisational and leadership attributes and employee and task-related characteristics (AL-Ruzzieh et al., 2022). Notably, professional commitment among nurses has been recognised as a key driver, with evidence indicating that nurses who are deeply committed to their profession are more likely to exhibit behaviours that go beyond their formal job requirements and actively support organisational objectives. These behaviours have been linked to numerous positive outcomes, most prominently, the enhancement of social capital, whilst demonstrating meaningful associations with variables related to organisational culture, leadership styles, and individual employee traits.

Given the breadth of research in these areas, it is clear that nurses' engagement in both PCBs and OCBs is inextricably linked to the cultivation of healthy workplaces, a priority that resonates globally across healthcare systems (Montgomery and Lainidi, 2023; Cohen et al., 2023). Despite the universal importance of nurse engagement in PCBs and OCBs, the extent and nature of such engagement remain variable across countries, healthcare settings, and nursing roles. Factors such as resource availability, cultural norms, policy environments, and leadership structures can profoundly influence nurses' willingness and capacity to demonstrate citizenship behaviours (Sun et al., 2025; Lewaherilla et al., 2024).

Hence, a synthesis of the literature is required to elucidate the current state of nurse engagement in PCBs and OCBs internationally. Through a critical examination of the

empirical evidence and theoretical perspectives from a range of countries and care environments, this review aims to identify key determinants, barriers, and facilitators of nurse engagement in PCBs and OCBs, and to inform strategies for strengthening nursing practice and organisational effectiveness on a global scale.

Purpose of the Review / Research Question

The integrative review sought to answer the question: *"What is the state of nurse engagement with professional and organisational citizenship behaviours?"* The integrative review design was to synthesize existing evidence derived from diverse methodologies, including quantitative, qualitative, and mixed methods approaches, to provide a comprehensive understanding of current nurse engagement in professional and OCBs across various healthcare settings.

Overview of the Integrative Review Methodology

This integrative review followed Whittemore & Knafl's (2005) five-stage approach in response to identifying the unknown state of nurse engagement in professional and OC. The subsequent literature search spanned CINAHL Complete and MEDLINE databases. We appraised the quality of data using the Mixed Methods Appraisal Tool (MMAT). Reporting followed PRISMA 2020 guidelines to enhance transparency.

Methods

Stage 1: Problem Identification

Specific Focus

This integrative review examined nurses' citizenship behaviours defined here as any professional or organisational actions that are voluntary, collegial, and aimed at

advancing patient care, the nursing profession, or the functioning of healthcare organisations. Populations were registered and advanced practice nurses in any care setting. Concepts were (a) professional citizenship and (b) organisational citizenship along with their associated respective behaviours. Context for the review included acute, ambulatory, community, and academic healthcare environments globally. These definitions anchored the search string and guided screening, extraction, and synthesis.

Target Population

The target population included nurses in various roles and healthcare settings, encompassing clinical practice, education, leadership, and policy-oriented positions across diverse care environments.

Stage 2: Literature Search

A systematic electronic search was conducted in two nursing-focused databases: CINAHL Complete and MEDLINE. Search strings combined free-text keywords and controlled subject headings that captured the target constructs: *nurse engagement, professional citizenship, organisational citizenship, organisational citizenship behaviour, nursing engagement, nurse participation, professional commitment,* and *workplace behaviour*. These terms were linked with Boolean OR to broaden retrieval, then paired with *"registered nurses"* or *"advanced practice nurses"* using AND to retain disciplinary focus. The resulting strings were constrained by three filters: (1) English language, (2) peer-reviewed journals, and (3) publication dates between January 2015 and April 2025.

The decision to focus on CINAHL Complete and MEDLINE was intentional. Both are core nursing and health sciences databases that index the vast majority of peer-

reviewed empirical and theoretical literature relevant to the discipline. This decision helped to streamline disciplinary relevance and methodological consistency.

The search timeframe (2015–2025) was selected to prioritise the most contemporary evidence and to align with the emergence of professional citizenship as a concept within the nursing literature. While organisational citizenship has a longer research history, the authors sought to capture how both professional and organisational citizenship behaviours are being conceptualised and studied in recent years, reflecting current contexts of workforce sustainability, policy engagement, and practice environments.

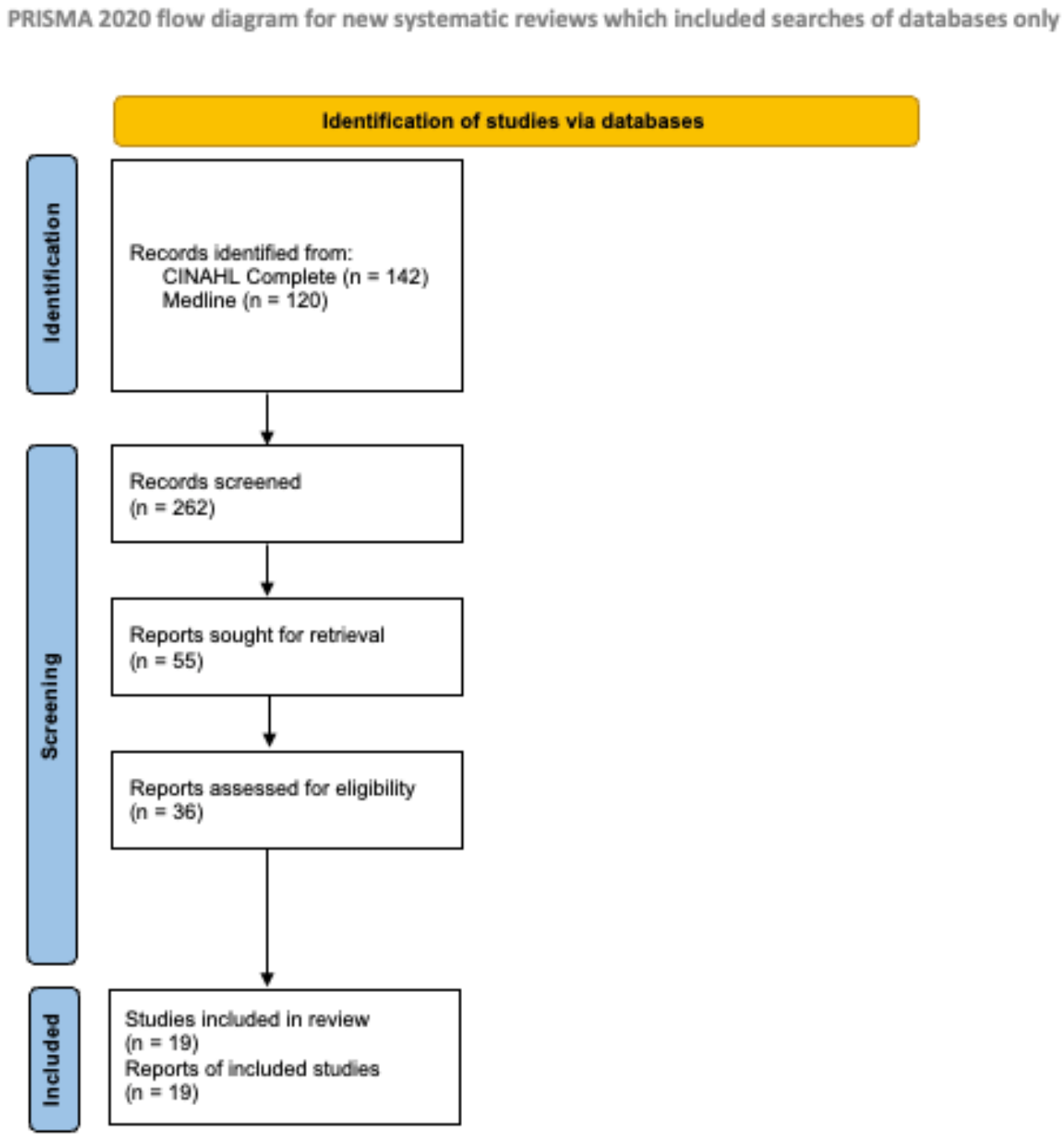
Inclusion and Exclusion Criteria

To be included, a report had to (1) appear in a peer-reviewed academic journal published between 2015 and 2025; (2) be written in English; (3) provide full-text access; (4) enroll registered nurses or advanced-practice nurses working in any type of healthcare setting; and (5) examine nurse engagement, PC, organisational citizenship, OCB, professional citizenship behaviour, or a closely allied construct. We excluded conference abstracts, theses or dissertations, studies centred on healthcare workers other than nurses, articles that did not explicitly address nurse engagement or OC, and all non-English publications.

Search Outcomes

A flow diagram summarizing the search and selection process is presented in Figure 1.

Figure 1. *Flow diagram for integrative review process*



Stage 3: Data Evaluation (Quality Appraisal)

We used the Mixed Methods Appraisal Tool (MMAT), primarily within Domain 4: Quantitative Descriptive, to increase knowledge of methodological quality regarding

the evidence base. All studies included clear research aims and adequate data. Next, we checked five criteria: *1) representativeness of sample, 2) appropriateness of measurements, 3) completeness of outcome data, 4) accounting for confounders, and 5) acceptable analyses*. All articles met the basic requirements: the aims were well-defined, the tools were validated with reported reliability, and the analyses aligned with the research questions. Most studies relied on convenience or single-site samples; however, no study was judged to be of poor quality. Each had limitations, especially regarding generalizability; yet all contributed valid findings.

Screening was conducted in two stages to ensure rigour and consistency. First, two reviewers independently screened all titles and abstracts against the inclusion and exclusion criteria. Any discrepancies were discussed, and consensus was reached before advancing studies to full-text review. In the second stage, the same two reviewers independently assessed full texts for eligibility. Disagreements at this stage were resolved through discussion and, when necessary, adjudication by a third reviewer. This multi-step process safeguarded against bias and enhanced the reliability of study selection.

Stage 4: Data Analysis and Synthesis

Four members of the review team independently carried out data extraction using a standardised spreadsheet developed in Excel. The form captured the fundamental study descriptors such as author and year, country, aim, design, setting, sample size/composition, and principal findings relevant to PC or OC based on standardised, collaborative definitions of the terminology. To ensure rigour, data from each article were extracted by two reviewers working in parallel. After completing individual entries, the paired reviewers compared spreadsheets, resolved discrepancies by discussion, and, when

needed, consulted a third team member to achieve consensus. The reconciled matrix then served as the master file for thematic coding and synthesis. See Table 1 for the data matrix.

Table 1. *Data Matrix*

<insert matrix here>

Analytic Procedures (Constant Comparison Approach)

The integrative review adopted a constant-comparison analytic logic (Glaser & Strauss, 1967; Aveyard et al., 2021), cycling iteratively among studies to refine categories until theoretical saturation was reached. The steps and products of this review are outlined below.

Data Reduction

All study attributes (author/year, aim, design, setting, sample, measures, key results) were entered into a master spreadsheet as the extraction grid. Each study was then tagged on the dimensions of design, setting, and conceptual/analytical foci.

Studies were then sorted into analytic clusters as subgroups. This reduction allowed like-with-like comparisons. Using the constant-comparison technique, findings within each display were then read *horizontally* (within-study coherence) and *vertically* (across-study convergence/divergence). Findings indicated the patterns a) that psychological capital consistently predicted higher OCB in five of six datasets, b) conflicting results across studies (organisational justice showed a positive association in one Egyptian study, but a non-significant relation in another from the same country), and c) boundary conditions in that supportive climate effects were stronger in high-stress

COVID wards than in general wards. This iterative review continued until no new interpretive insights emerged.

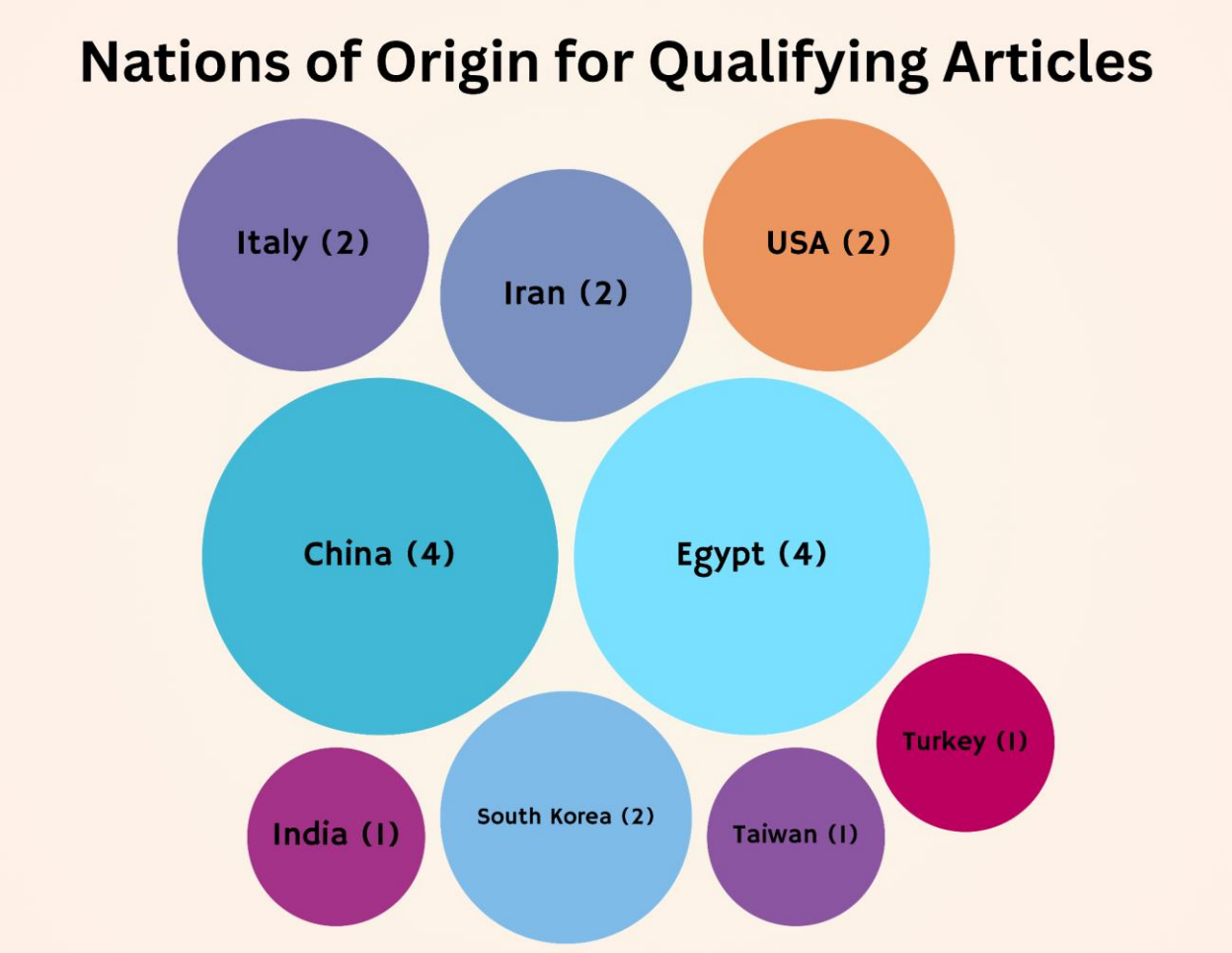
Results

Description of Included Studies

The search yielded nineteen records published between 2017-2024. Seventeen were empirical investigations of OCBs in nursing (sixteen cross-sectional/correlational, one randomized controlled trial), and two editorials that addressed PC (Sharpnack 2024; Fulton 2019). Research emerged across eight countries spanning Asia, the Middle East, Europe, and North America (China, Taiwan, India, Iran, South Korea, Egypt, Italy, USA). Sample sizes ranged from 107 to 1,831 nurses; one study collected patient-level data (Mazzetti 2022).

While OC has a multinational evidence base (including mediational models and an intervention trial), no empirical study directly measured PC. Existing knowledge of PC is therefore limited to conceptual commentaries. See Figure 2 for mapping of articles by nation of origination.

Figure 2. *Nations of Origin for Articles*



Thematic / Categorical Findings

Overall, seven themes emerged during this review. These themes are defined and summarized in Table 2.

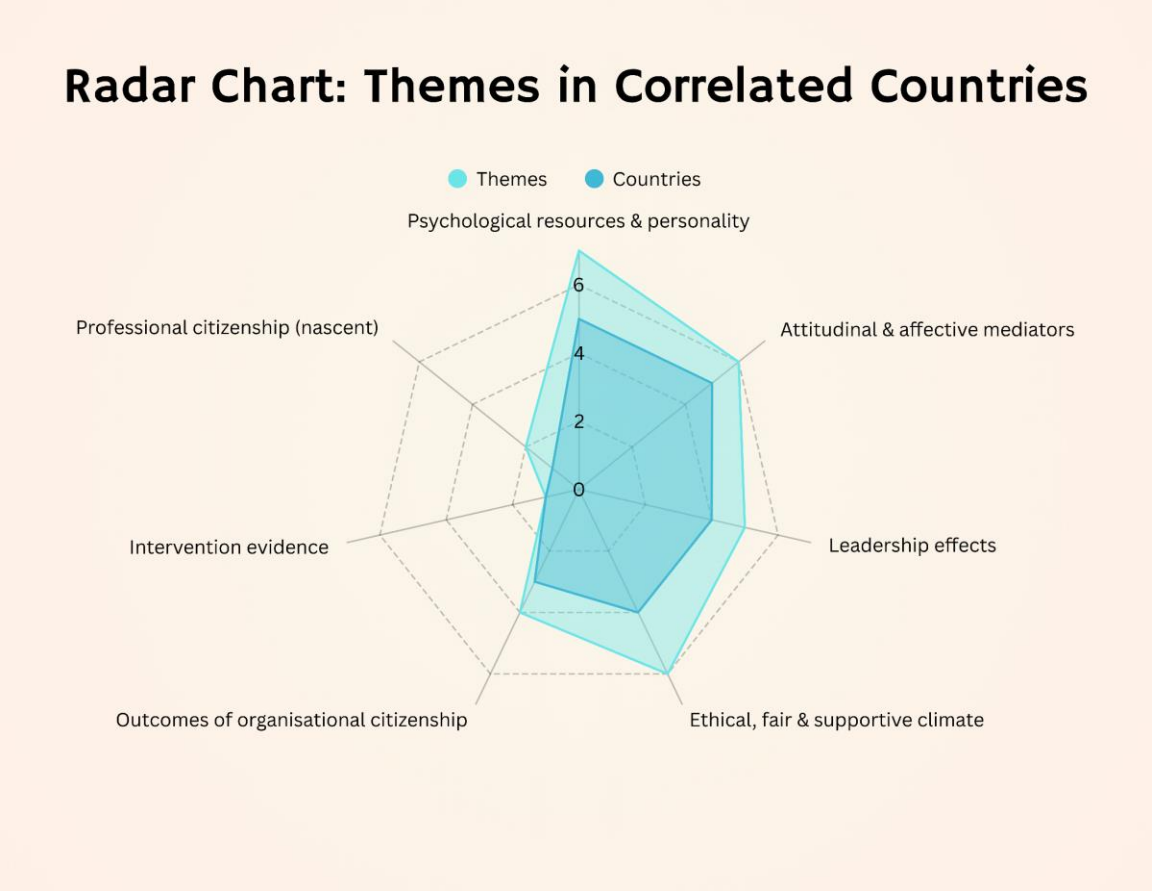
Table 2. *Themes, Summary, & Associated Articles*

<insert table 2 here>

Figure 3 maps the distribution of themes by country, illustrating the global variability in how organisational citizenship behaviours (OCBs) have been studied. This visual highlights that while certain antecedents such as psychological resources and leadership

are evident across diverse contexts, others, such as ethical climate or intervention studies, are geographically limited.

Figure 3. *Radar Count of Theme by Country*



To orient the reader to our later interpretation, Table 3 contrasts OCBs and PCBs, highlighting established antecedents/outcomes for OCBs and the current evidence gap for PCBs. It shows that while OCBs are well-documented with established antecedents (e.g., psychological capital, leadership, climate, and justice) and demonstrated outcomes (e.g., patient safety, job satisfaction, retention), professional citizenship behaviours, remain underexplored with no empirical antecedents or outcomes reported to date. This absence

underscores the importance of editorial calls for further conceptual and empirical work and provides a bridge to the Discussion, where the gap in PCB knowledge is revisited.

Table 3. *Synthesis of Comparisom*

Aspect	Organisational Citizenship (OC)	Professional Citizenship (PC)
Empirical volume	16 quantitative studies, 1 RCT	0
Geographic spread	Multi-country (10 nations)	Not yet examined
Established antecedents	Psychological capital, leadership style, ethical climate, justice	None empirically documented
Documented outcomes	Patient safety, job attitudes, turnover	None empirically documented
Interventions tested	Neurolinguistic programming training (Cetin 2021)	None
Conceptual clarity	Well-operationalised (e.g., altruism, courtesy, civic virtue dimensions)	Still theory-driven; scope and measurement undefined

The emergent professional citizenship theme is mapped in Figure 4.

Figure 4. *Emergent theme for professional citizenship*

Professional citizenship theme one: Professional citizenship as a nascent field

Both editorials frame PC as nurses' civic engagement, policy advocacy, and leadership beyond the employing organisation; examples of activities included voting, participating in professional associations, and influencing health policy (Sharpnack 2024; Fulton 2019). No empirical metrics, determinants, or outcomes of PC were reported in the retrieved literature. Consequently, evidence on the prevalence, predictors, and patient or societal impact of PC remains essentially absent.

Emergent organisational citizenship themes

Findings relating to OC clustered into six inter-related themes that together sketched how, why, and with what consequences nurses engage in OCBs. Themes are mapped in Figure 5, which visually consolidates the six emergent themes of OCB identified in this review. Overall, it offers a synthesis that complements the narrative as well as highlighting their interlocking nature.

Figure 5. *Emergent themes for Organisational Citizenship*

Organisational citizenship theme one: Psychological resources and personality

At the heart of extra-role performance lie nurses' enduring intrapsychic assets (Biagioli 2018; Jun 2017). High levels of psychological capital (hope, self-efficacy, optimism, and resilience) along with traits such as extraversion, professional competence,

moral courage, social capital, and a sense of personal accomplishment consistently energise nurses to exceed formal job descriptions (Anitha 2022; Li et al. 2024). Conversely, resource-depleting states such as depersonalisation, moral distress, or broader burnout act as brakes, sharply curbing discretionary effort (Abdeen & Attia 2023; Wang 2023; Zeng 2023).

Organisational citizenship theme two: Attitudinal and affective mediators

These internal work mindsets convert raw resources (or contextual cues) into visible OCBs. When nurses feel satisfied with their jobs, committed to their organisation, deeply involved in their work, and supported by a positive unit ethos, these attitudes act as conduits, channelling personal strengths or a favourable climate into extra-role contributions (El-Sayed Ghonem 2023; Jun 2017; Tsai 2022). Absent such positive affect, even well-resourced nurses may withhold discretionary effort (Anitha 2022; Kyungmi 2024; Zeng 2023).

Organisational citizenship theme three: Leadership effects

Supervisory style is a pivotal amplifier (or dampener) of citizenship. Transformational and ethical leaders, alongside supportive direct supervisors, create relational conditions that encourage nurses to volunteer expertise, help colleagues, and champion organisational goals (Aloustani 2020; El-Sayed Ghonem 2023). In contrast, destructive expressions of leadership such as narcissistic rivalry erode trust and can nullify otherwise positive pathways to OCB (Jun 2017; Kyungmi 2024; Zhu 2023).

Organisational citizenship theme four: Ethical, fair, and supportive climate

Beyond individual leaders, the broader moral fabric of the workplace matters. Teams that perceive strong organisational justice, freedom from bullying, and a

consistently ethical climate reliably show higher OCB levels (El-Sayed Ghonem 2023; Tsai 2022; Wang 2023). The strength of this link can vary with cultural context or unit type, yet the overall pattern underscores the importance of fair and respectful workplaces (Abdeen & Attia 2023; Aloustani 2020; Bakeer 2021).

Organisational citizenship theme five: Outcomes of organisational citizenship

Elevated OCBs pay dividends for both patients and staff. Studies associate high citizenship with a stronger patient-safety culture, fewer restraint episodes, greater job fulfilment, and lower turnover intent (Jafarpanah 2020; Kyungmi 2024). These indicators may demonstrate that discretionary extra-role behaviour is not merely altruistic; it directly underpins care quality and workforce sustainability (Biagioli 2018; Mazzetti 2022).

Organisational citizenship theme six: Intervention evidence

Despite these clear benefits, intervention science is notably sparse. One randomised controlled trial (RCT) has tested an OCB-enhancing strategy: group sessions in neurolinguistic programming modestly improved total OCB scores compared with standard in-service training and a control (Cetin 2021). This RCT highlights an opportunity for designing and evaluating programmes that purposefully build OC among nurses (Cetin 2021).

Verification methods

All thematic memos were cross-checked against original full-text PDFs to verify quotations, effect sizes, and sample descriptors. Discrepancies were resolved through discussion. Throughout the process, reflexive notes documented potential biases (e.g., favouring intervention evidence) and how they were addressed.

Discussion

This review sought to provide a comprehensive understanding of nurse engagement in professional and OCBs across various healthcare settings. Nurse engagement in OCBs was represented across the evidence-base from multiple nations and with a range of study designs. In contrast, there was a dearth of literature examining nurse engagement in PCBs.

Synthesis of Key Findings

Nurses' engaged in OCBs when they experienced psychological resources (Zeng 2023; Anitha 2022; Wang 2023; Biagioli 2018; Abdeen & Attia 2023; Li et al. 2024; Jun 2017), supportive leadership (Jun 2017; Aloustani et al., 2020; Zhu et al., 2023; Kyungmi 2024; El-Sayed Ghonem 2023), and positive workplace climates (Aloustani et al., 2020; Bakeer 2021; El-Sayed Ghonem 2023; Tsai 2022; Wang 2023; Abdeen & Attia 2023). The widespread benefits of nurses engaging in these OCBs included patient safety (Jafarpanah 2020; Mazzetti 2022), nurses job satisfaction (Biagioli 2018), and nurse retention (Kyungmi 2024). Amidst editorial calls for nurses to engage in PCBs (Sharpnack 2024; Fulton 2019), the antecedents and outcomes of nurses engaging in PCBs are yet to be elucidated.

Comparison to Existing Literature and Theory

The positive association between nurses who experienced good psychological resources, such as psychological capital, and nurses' engagement in OCBs is consistent with previous research (Yuwono, 2023). Systems focused strategies to support nurses' psychological resources are an important way forward to maintain and sustain the healthy and resilient workplaces underpinning OCBs (Wiig & O'Hara, 2021). Nurses who are

confident in their professional competence and experience job satisfaction engage in OCBs (Biagioli 2018). These findings are theoretically linked to prosocial behaviours and self-efficacy theory (Bandura et al., 2003). In contrast, the negative association between nurses who experience psychological ill-being, such as burnout, and nurses' engagement in OCBs is consistent with previous research focusing on nurses and teachers (Taris, 2006), physicians (Williams, et. al., 2020), and social workers (Kang, 2012). This reduced engagement may be attributed to those individuals experiencing burnout conserving resources (Williams, et. al., 2020) or reduced reciprocity where job resources are lacking. This reduced reciprocity is proposed to reflect Emerson's (1976) social exchange theory (e.g., see Song & Kim, 2021).

The theoretical underpinnings and explanatory models of nurses' engagement in citizenship behaviours identified in the current review, such as social exchange theory (Emerson, 1976) and the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2006), are not new to the extant citizenship behaviours literature. Other theories and models proposed to underpin engagement in citizenship behaviours, and previously described in the literature (e.g., see Worku & Debela, 2024), include social capital theory (Blau, 1986), organisational support theory (Eisenberger et al., 1986), self-determination theory (Deci & Ryan, 1980) and conservation of resource theory (Hobfoll, 2002), social exchange theory (Cropanzano & Mitchell, 2005), and leader-member exchange theory (Graen & Uhl-Bien, 1995). Further exploration and understanding of these theoretical underpinnings and explanatory models will support interpretation of these complex phenomena and the development of future research in the development, testing and evaluation of interventions to support engagement in citizenship behaviours.

The influence of the organisation and leaders are explicated through these theories, and specifically, the relationship between transformational leadership and OCBs was also evident in the current review. Both transformational (Jun, 2017) and ethical (Aloustani et al., 2020) leadership styles were positively associated with OCBs, whereas destructive expressions (e.g., narcissistic rivalry) were negatively associated (Zhu et al., 2023). The positive relationship of transformational leadership with OCBs has become increasingly evident over the decades (e.g., Ibrahim et al., 2024; Podsakoff et al., 1990), highlighting the important consequences of different leadership styles on fostering these behaviours. There is an opportunity to consider and leverage these theoretical foundations and leadership influences associated with OCBs in developing theoretical clarity and empirical studies to understand nurses' engagement in PCBs.

Implications for Nursing Education, Practice and Leadership

The broad and positive impacts of nurses engaging in OCBs, for patients, nurses themselves, and healthcare services, have important implications for nursing education, practice, and leadership. Pre-registration/licensure programs have a unique opportunity to introduce the future nursing workforce to models of healthy work environments, such as pathways to nurse wellbeing. Understanding the positive influence of engaging in OCBs may contribute to new ways of working at this early career point. Maintaining the status quo is a futile pathway to maintain a healthy and sustainable nursing workforce, we must develop and evaluate more robust pathways. For the current nursing workforce and leaders, opportunities lie in purposefully co-designing approaches to develop contextualised understandings of (1) which OCBs and models might be evident and/or operationalised locally, (2) how shared governance models, programs, and policy might

be leveraged to strengthen psychological capital and thereby OC, and (3) how outcomes will be evaluated over time and solutions sustainably embedded.

Limitations

Several constraints temper the certainty of conclusions from this review. Findings were drawn from nineteen sources: seventeen empirical studies and two editorial articles. We restricted retrieval to English-language, peer-reviewed articles indexed in CINAHL Complete and MEDLINE and published between 2015 – 2025; pertinent work in other languages, grey literature, or broader databases may therefore have been missed, introducing language and publication bias while narrowing historical perspective. Interdisciplinary databases such as PsycINFO, Embase, Scopus, or Web of Science may have broadened retrieval and yielded further relevant studies. In addition, by restricting the search to the past decade, earlier foundational work on organisational citizenship behaviours may not have been captured. While this decision allowed us to focus on contemporary evidence and the recent emergence of professional citizenship in nursing, it may have excluded historical perspectives that could provide additional conceptual grounding.

Methodological heterogeneity further limits synthesis. Sixteen of the seventeen empirical papers relied on cross-sectional, self-report surveys, while one study was a randomised controlled trial. Each deployed an assortment of OCB instruments, but still lack any validated measure of PC. Most samples are single-site convenience cohorts from ten different countries, raising common-method bias and unmeasured cultural moderators that curb generalisability. These variations precluded meta-analysis; we instead used constant-comparison thematic synthesis, an interpretive approach, with dual coding and

an audit trail as safeguards. Collectively, these limitations point to the need for multilingual searches, standardised measurement tools, and longitudinal or experimental designs to establish firmer causal claims about nurses' citizenship behaviours.

Recommendations for Future Research

A multi-dimensional, global, and strategic approach to exploration of nurses' engagement in PCBs is required across all (1) areas of nursing such as education, research, practice, academia, policy, (2) levels of experience from pre-registration/licensure programs to early-, mid-, and later-career nursing, and (3) demographics of nurses. As a starting point, developing a shared conceptual understanding/definition of PC and OC is necessary for further exploration.

The eventual development of a psychometrically sound Professional Citizenship Scale remains a valuable long-term goal. However, the current state of the literature underscores the importance of first building a solid conceptual foundation. Future research should prioritise exploratory and theory-generating approaches (e.g., concept analysis, qualitative inquiry, and model development) to clarify the definition and dimensions of professional citizenship behaviours. Establishing this groundwork will provide the necessary scaffolding for later measurement and intervention studies, ensuring that scale development is both meaningful and robust.

With measurement in hand, researchers can launch cluster-randomised or stepped-wedge trials of leadership coaching, shared-governance structures, and resource-building programmes to establish what actually boosts citizenship and whether gains translate into patient-level outcomes such as safety events, satisfaction, or cost. Mixed-methods process evaluations and multilevel modelling that link nurse surveys to electronic health-

record data will help explain *how* and *for whom* these interventions work. Pre-registration, open data, and multilingual dissemination could further reduce bias and accelerate global learning.

Conclusion

This review shows that organisational citizenship behaviours contribute to safer patient care, greater job satisfaction, and stronger nurse retention, particularly when supported by leadership, psychological resources, and fair workplace climates. In contrast, professional citizenship behaviours remain largely conceptual, underscoring the need for foundational research to define and operationalise the construct. Advancing both should be a strategic priority, as enabling citizenship behaviours is critical to sustaining the nursing workforce and strengthening healthcare systems.

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