ABSTRACT

Individual desire to be proactive can be aided by voluntary extra-role behaviour in organisations, such as organisational citizenship behaviour (OCB). Employees’ OCB has been found to be favourably influenced by contextual factors, such as organisational justice and ethical climate. OCB has also been proven to predict employee effectiveness. The goal of this research is to identify any relationship between nurses’ OCB and their organisational justice and ethical climate. The respondents were approached using the Medical Research Ethics Committee procedure, which was registered under the National Malaysia Research Registration. Cross-sectional research was carried out in the state of Selangor, with five hospitals volunteering to participate. Nurses may see that their responsibilities, justice, and ethics could result in OCB participation. The findings have practical implications for human resource managers and practitioners; they may benefit nurses’ abilities as well as the productivity of hospitals by developing targeted individual behaviours, which can lead to the effectiveness and proactive operation of the organisation.

Keywords: Organisational Citizenship behaviour, organisational justice, ethical climate, nurses

INTRODUCTION

The United Nations’ Sustainable Development Goals (SDGs) for health and well-being set ambitious targets for illness prevention and health equity by 2030, including universal health coverage (UHC)1. The goals seek to realise health personnel’s dedication, delivery, and growth as the most important factors in increasing delivery and productivity. In any health system, increasing healthcare coverage and improving health outcomes are contingent upon the affordability, dependability, and desire of health workers to give high-quality treatment. Extra-role conduct, also known as organisational citizenship behaviour (OCB), is critical in today’s organisations, particularly in the context of hospitals in Malaysia. The country has lately seen a rise in the number of patients owing to high Corona Virus-19 transmission, which required OCB among the employees2. Through voluntarily helpful conduct, this condition can assist employees in completing their responsibilities properly3-6. OCB is a multidimensional employee behaviour that encompasses multiple components of good employee behaviour and is advantageous to organisational growth7-9 as well as turnover reduction10.

Organisational Justice is a strong predictor of OCBs in academic contexts has gained widespread acceptance. Fair compensation, equitable possibilities for advancement, staff selection methods, a formal performance assessment system, and a formal grievance management mechanism are all examples of concerns that might arise in the workplace. Workers’ perceptions of fairness are critical to an organisation’s success as fairness influences workers’ attitudes and conduct at work. When employees build good views toward the organisation, their behaviour changes as a result. In other words, they would desire to work longer hours than are required by the organisation.

Due to the difficulties in treatment and clinical diagnosis, nurses have been commonly associated with ethical issues with patients and their colleagues. Their staffing is inconsistent with patient demands; for example, those who are supposed to give comprehensive services to patients can accomplish only the therapeutic duties recommended by the doctor every day, leading to ethical issues15,16. As a result of ethical difficulties,17,18 nurses’ organisational citizenship conduct may be influenced by lower job satisfaction and less organisational commitment. Hospital ethical climates have been a significant influencing element in nurses’ ethical decisions19,21. Improving nurses’ perceptions of hospital ethical climates can increase OCB22,23. At the same time, nurses’ perceptions of hospital ethical climates play an important role in encouraging
work satisfaction and organisational commitment to perform voluntarily.

Dasgupta\textsuperscript{24,25} argued that nurses' OCB will have a direct impact on the hospital industry's overall efficiency. To better understand OCB and its predictors, this study focuses on the impact of organisational justice and ethical climate on OCB, using the conservation of resource theory (COR), which in the case of the present study, proposes that nurses with more resources will contribute more to and seek improvement. Therefore, nurses are expected to have a higher OCB in themselves, which will result in hospital operation efficiency. It is critical to comprehend how these elements may affect nurses' OCB. Accordingly, the present study intends to investigate the level of relationship and add to the body of knowledge on the relationship between OCB and organisational justice and ethical climate, specifically among nurses in a Selangor public hospital.

The concept of organisational citizenship behaviour (OCB)

The widespread emphasis on organisational citizenship stems mostly from the belief that these behaviours would improve an organisation's efficacy. As a result, most of the previous studies\textsuperscript{25-34} have focused on identifying the characteristics that inspire workers to demonstrate OCB. OCB refers to participants' willingness to go above and beyond what is required of them in their roles to influence the effectiveness of organisational effectiveness\textsuperscript{25,35,36}. If a system fails, it is not because of the "countless acts of collaboration" displayed by the employees, but because the organisation is unable to function successfully in the industry\textsuperscript{27,28}. This shortcoming will harm the organisation's reputation in the industry, and customers and visitors will lose faith in the organisation. Acts made for the advantage of other individuals are referred to as OCB-Individuals (OCBI), while actions conducted for the benefit of an organisation are referred to as OCB-Organisation (OCBO)\textsuperscript{27}.

OCBI can include behaviour like assisting absent workers in their duties and supporting the needs of other employees. Following an organisation's laws and regulations, as well as maintaining order and attendance at work, are all part of OCBO. One researcher\textsuperscript{39} claimed that in OCB, an individual's behaviour is optional. This behaviour is not directly or explicitly acknowledged by the formal incentive system, but it is in the aggregate that will work on whether they were taking excellent care of the employee without asking the superior. It refers to the work done by employees outside their contractual commitments for no monetary compensation. This includes volunteer recruiting, training, and mentorship of new recruits, attendance at company events, staying overnight without pay, undertaking unforeseen jobs, and other similar acts that employees conduct without being compensated\textsuperscript{40,41}. OCB is undeniably the crucial component and major foundation of organisations, and it is critical for attaining organisational goals, objectives, and missions. This circumstance has the potential to improve work and organisation effectiveness while also lowering staff turnover\textsuperscript{39,42}. OCB is particularly crucial in an era of unpredictability because nurses’ desire to participate, independent of official work requirements, frees up precious resources, aids in activity coordination, and enhances group cohesion\textsuperscript{43}.

Underpinning theory

The COR theory was developed by Hobfoll et al.,\textsuperscript{44} and is based on two basic concepts: (1) primary resource loss and (2) resource investment. The primacy of resource loss is the theory's first premise, which asserts that losing a resource is more expensive to a person than obtaining it. When the amounts of loss and gain are equivalent, resource loss is more obvious and has a larger impact than resource gain. Resource loss can alter people's physiological, perceptual, mental, and social reactions. Individuals are frequently more aware of resource depletion than of resource increase, allowing them to safeguard the current resource against further depletion. The theory's second premise is resource investment, which guards against resource depletion, aids in recovery from losses, and aids in the acquisition of more resources\textsuperscript{45,46}. For the first time, four corollaries were offered inside the COR theory. According to Corollary 1, individuals who have more resources have a higher probability of investing in them. Due to the future resource depletion cycle, Corollary 2 argues that as people's resources dwindle, investing becomes more difficult. Individuals are more inclined to spend and amass extra resources as they obtain resources (resource gain spiral), according to corollary 3. Scarcity of resources, according to Corollary 4, adds to a defensive attempt to conserve what is available\textsuperscript{44-46}. The COR theory is particularly effective for determining what influences an OCB reaction\textsuperscript{57}. The theory is utilised to look at the influence of organisational and individual variables on employee behaviour. The COR theory must be researched more in the context of health organisations because it has limited sources to explain\textsuperscript{44}. Given the review of the literature, there is an apparent research gap in the use of the COR theory to investigate the link between behavioural outcomes such as OCB, and organisational and individual characteristics.

Organisational Justices On Organisational Citizenship Behaviour

The term "organisational justice" refers to the notion of equality as it pertains to the work area\textsuperscript{15,48,49}. Corporate operations that place a
strong emphasis on relationship management have a strong foundation in organisational justice. Justice is a synonym for fairness, and it refers to management decisions and activities that are ethically correct while adhering to societal, religious, and/or legal norms. Financial and non-financial advantages, such as appropriate salary and bonuses, equal advancement chances, and performance assessment systems, may be included in organisational justice. The possible increase is with the OCB employee who has a good opinion of their employer or superior in their fair behaviour. This is because the employee completed the task without discriminating against other employees. If this is the case, it will create an adversary within the company by persuading other employees that there is no fairness in decision-making.

Employees who feel unfairly treated will attempt to change the situation by altering inputs or even leaving the organisation. Corporate operations that place a strong emphasis on relationship management have a strong foundation in organisational justice. When OCB is involved, work and organisation effectiveness will improve. Likewise, a studied found a statistically significant link between OCBS and organisational justice, as seen by the favourable influence of organisational justice and self-efficacy on nurses' citizenship behaviour. Past studies have supported the findings, stating that there is a favourable association between organisational justice and OCB. One study found a favourable association between OCB and organisational justice.

Nurses were also found to be treated fairly in terms of interactional justice (i.e., interactions with peers, superiors, and subordinates), and they are given proper explanations centred on processes that must be used in certain ways (informational justice). This conclusion is supported by a study who also found interactional justice to receive the highest mean score among the justice components, based on three hospital investigations. Employees who have a positive impression of social justice were also found to be more likely to interact and participate in OCB activities.

Hypotheses 1: Organisational justice has positive relationship with organisational citizenship behaviour

Ethical Climate On Organisational Citizenship Behaviour
It is often assumed that organisations are social actors responsible for the ethical and immoral actions of their personnel. As unit workers become more socialised and accepted as part of the organisation's existence, they are more likely to collaborate, express, and embrace organisational operations, resulting in a reduction in environmental responses and behaviour across the scope of work that is perhaps mutually desirable. Previous studies have found that an organisation's ethical climate influence how individuals make ethical decisions. The shared impression of what is morally proper behaviour and how ethical difficulties should be addressed in an organisation, as indicated from the definition of ethical climate.

The dominating expectations of conventional corporate activists and processes with an ethical substance that can produce OCB characterise in working environment. The ethical climate of an organisation is predicted by its socio-cultural setting, organisational structure, and historical background. The ethical climate of the organisation is defined by the degree of quality of the atmosphere, which reflects the appropriate OCB. Although voluntary behaviours have been seen in every organisation, given that duties may be stopped during the interpretation of tasks, it might be argued that workers' OCB is shaped by the ethical climate that they are exposed to directly or indirectly. In this context, there is a relationship between OCB (all voluntary behaviours displayed for the benefit of the organisation) and ethical climate (ideal set of values and behaviours).

The belief in proper behaviour is what constitutes an ethical climate. When some workers believe or believe that executing a task is right and should be done, the employees will voluntarily volunteer to complete the task given. Employees may be able to detect ethical currents, as well as the signals and repercussions of what is good and wrong in the organisation.

Hypotheses 2: Ethical climate has a positive relationship with organisational citizenship behaviour

Research Model
The research model (Figure 1) was created based on the literature study and previous research findings. As previously stated, the independent factors in this study are organisational justice, and ethical climate, whereas the dependent variable is OCB. It should be noted that the goal of this study is to investigate the link between independent and dependent variables and determine their impacts.
METHODOLOGY

Population and Sample
This research included correlational investigations, which were done in a non-contrived context. Due to the nature of the nurses' normal working environment, this research focuses on one-time data collection and little interruption. The researcher was interested in the nurses’ individual behaviours toward the organisation, hence the unit of analysis was individual.

The study took place in Selangor, Malaysia, where there are 12 public hospitals involved. Selangor was selected as the research's target population based on three major concerns: (1) a large population (2) a large number of nurses (3) a large number of admissions, as recorded by the Health Indicator Report 2018. Organ suggested that completely utilising self-report can provide a wide variety of samples where only employees who are in favour of the process will participate, while those who are against will be excluded. The target size for this research was 368 according to the G*Power calculation, and the researcher was optimistic that the self-administrative distribution to 5 voluntary public hospitals and the sampling technique was nonprobability. This study managed to get 666 samples to participate.

Data Collection Procedure
Due to the involvement of public hospitals, this research followed a few ethical considerations: (1) registering in the National Medical Research Register (NMRR), (2) receiving a protocol number (NMRR-20-1946-52661(IIR)) approved by MREC, (3) getting approval from Hospital Director, and (4) getting approval from the Clinical Research Centre (CRC) of the hospital. OnceO accepted, each hospital will have a representative of the Matron (Ketua Penyelia Jururawat) from the Nurses Department, who will be accountable and corporate with the researcher for the research. Data collection was carried out from November 2020 through December 2020, lasting a total of two months.

Instrument
The major research instrument was a descriptive questionnaire. Three actual respondents and two academic experts in human resource management participated in pretesting the questionnaire, using a debriefing procedure. All the independent variables were assessed using a five-point Likert scale ranging from "1" (strongly disagree) to "5" (strongly agree). However, the dependent variable was assessed using a seven-point Likert scale, with responses ranging from “1” (strongly disagree) to “7” (strongly agree). The 13 items from William and Anderson were used to measure OCB. In terms of OCB1 and OCBO, a Cronbach's alpha value of 0.84 was used to analyse. Meanwhile, six items from the Al-Zu scale with a Cronbach’s alpha score of 0.82 were used to assess organisational justice. Finally, four Cullen et al. items with a Cronbach’s alpha value of 0.80 were used to assess the ethical climate.

Data Analysis
The data analysis process was divided into two phases. The first phase was a descriptive analysis of means, standard deviation, frequency, and percentages using SPSS version 25 (SPSS Inc. 2017). The second phase involved the Partial Least Squares-Structural Equation Modelling (SmartPLS) to determine two models: The measurement model (composite reliability, construct validity, convergent validity, and discriminant validity) and the Structure model (coefficient of determination, effect size, predictive relevant, and path).

RESULT

Descriptive Statistics
Over 1000 questionnaires were sent, with 666 sets of replies received from the five public hospitals. Despite this, only 641 sets of questionnaires were usable. The remaining 25 sets of questions were excluded due to missing data.

In addition to the procedure remedies, the amount of common method variance (CMV) was evaluated. Harman's single-factor test was used to determine the degree of the CMV infection. According to the main component factor
unrotated analysis, the first factor accounted for 25.884 per cent of the covariance. The fact that the first component accounted for less than half of the overall variation indicates that there would be no significant CMV problem. The study's analysis was not compromised by CMV.

Mean Score and Standard Deviation of the Study Variables

Table 2 presented the data analysis of the respondents indicating organisational justice and ethical climate are almost close at a mean of 3.700 and standard deviation of 0.524 and 0.694. Similarly, respondents' perceptions of OCB were split between OCBI (M=5.523, SD=0.752) and OCBO (M=5.214, SD=0.584).

Table 2: Mean Scores and Standard Deviation for Study Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational Justice</td>
<td>3.700</td>
<td>.524</td>
</tr>
<tr>
<td>Ethical Climate</td>
<td>3.770</td>
<td>.694</td>
</tr>
<tr>
<td>OCBI</td>
<td>5.523</td>
<td>.752</td>
</tr>
<tr>
<td>OCBO</td>
<td>5.214</td>
<td>.585</td>
</tr>
</tbody>
</table>

Measurement Model

The Smart PLS study began with a review of measurement models in terms of (a) reliability (individual item reliability and internal consistency), as measured by values loading and composite reliability, and (b) validity (convergent validity and discriminant validity), which includes AVE and discriminant validity and most of them meet the threshold, as shown in Table 3.

Table 3: Results of Items Reliability, Internal Consistency and Convergent Validity

<table>
<thead>
<tr>
<th>Construct</th>
<th>CR</th>
<th>AVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational Justice</td>
<td>0.834</td>
<td>0.525</td>
</tr>
<tr>
<td>Ethical Climate</td>
<td>0.855</td>
<td>0.598</td>
</tr>
<tr>
<td>OCBI</td>
<td>0.901</td>
<td>0.604</td>
</tr>
<tr>
<td>OCBO</td>
<td>0.905</td>
<td>0.658</td>
</tr>
</tbody>
</table>

As can be observed in the HTMT ratio findings in Table 4, the HTMT ratio values for all the variables are less than the threshold. If the value exceeds the threshold, the upper level of the construct does not include the value of one (1), but it is still acceptable and may be used, confirming discriminant validity.

Table 4: Discriminant Validity based on Heterotrait-Monotrait (HTMT) Ratio

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical Climate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCBI</td>
<td>0.269</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCBO</td>
<td>0.285</td>
<td>0.902</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisational Justice</td>
<td>0.496</td>
<td>0.307</td>
<td>0.253</td>
<td></td>
</tr>
</tbody>
</table>

Note: Shade grey >HTMT0.90 (Henseler et al., 2015)
1. Ethical Climate
2. OCBI
3. OCBO
4. Organisational Justices

Structural Model

The structural model was determined using the coefficient of determination (R²), the importance of path coefficients, impact size (f²), and predictive relevance (Q²). As illustrated in Table 5 that the R² value of 0.440 shows that OCB helps describe 44 percent of the endogenous variables. Organisational justices fall under small effect categories, but had no effect for ethical climate.

Table 5: The Summary of the Coefficient of Determination (R²), Effect size (f²) and (Q²).

<table>
<thead>
<tr>
<th>Variables</th>
<th>R Square</th>
<th>R Square Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCB</td>
<td>0.449</td>
<td>0.440</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f²</td>
</tr>
<tr>
<td>Organisational Justices → OCB</td>
<td>0.04</td>
<td>Small Effect</td>
</tr>
<tr>
<td>Ethical Climate → OCB</td>
<td>0.01</td>
<td>No Effect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Q²</td>
</tr>
<tr>
<td>OCB</td>
<td></td>
<td>0.246</td>
</tr>
</tbody>
</table>
Table 6 shows the path analysis performed using bootstrapping. All the variables' components of the exogenous variable included have a meaningful relationship with the endogenous variable of OCB by assuming that the p-value is less than 0.01 (p < 0.01). Organisational justices on OCB were positive and significant ($\beta = 0.073$, t = 2.058, p <0.01). The ethical climate on OCB was positive and significant ($\beta = 0.09$, t = 2.706, p <0.01).

### Table 6: Path Analysis Result

<table>
<thead>
<tr>
<th>Hypothesis</th>
<th>Relationship</th>
<th>Std Beta ($\beta$)</th>
<th>Std Error</th>
<th>t-value</th>
<th>P Values</th>
<th>CI 95% LL</th>
<th>CI 95% UL</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>Organisational Justice -&gt; OCB</td>
<td>0.073</td>
<td>0.036</td>
<td>2.058*</td>
<td>&lt; 0.01</td>
<td>0.019</td>
<td>0.137</td>
</tr>
<tr>
<td>H2</td>
<td>Ethical Climate -&gt; OCB</td>
<td>0.09</td>
<td>0.033</td>
<td>2.706*</td>
<td>&lt; 0.01</td>
<td>0.032</td>
<td>0.14</td>
</tr>
</tbody>
</table>

**Note:** The study applied a 95% confidence interval with bootstrapping of 5,000

Significant t-value above 1.95

** Significant at 0.01 level

* Significant at 0.05 level

### DISCUSSION

The present research revealed that organisational justice has a substantial association with OCB (value of 0.073, a t-value greater than 1.96 [t= 2.058], and a p-value less than 0.01 [p >0.01]). Organisational justice can be said to be actively involved in OCB, hence confirming the theory. This conclusion shows that nurses need to be treated fairly to perform well in their allocated tasks or to take on extra work. Nurses are more inclined to connect with and participate in OCB because they have a good perception of social justice (29,56). Organisational justice may be enhanced in healthcare organisations, allowing nurses to build their OCB57,79. According to the COR theory, those having resources to invest may be able to gain good resources to complete their goal. However, this study found that nurses' behaviour has a minimal impact on their desire to succeed in their field. If they feel a task to be essential, they will complete it. Organisational justice in the workplace is required for a nurse to function well. Nurses with strong opinions on their work description and the hospital's laws and regulations will perform their duties. They may offer to assist others once they have completed their duties79.

Hypotheses 2 proposes a link between ethical climate and OCB. As indicated from the path analysis, the ethical climate has a positive and significant link with OCB ($\beta = 0.09$, t = 2.706, p0.01). The nurses who perceived a more ethical climate were more inclined to show and boost nurse OCB. Previous research80–82 also corroborated the findings of the current study. The formation of proper actions that are distinguishable from erroneous ones, as well as the creation of a cognitive framework for resolving ethical dilemmas, should be encouraged by the ethical climate. For most people, their actions when doing their occupations are regarded to be influenced by the ethical climate83. Similarly, past research has found that the ethical climate has an impact on nurses' OCB when doing their duties84–86. Nurses with more resources (self-belief) are more motivated to go above and beyond to complete a task, even if it is not their duty, according to the COR theory. Nurses that can make sound decisions gain confidence and feel at ease while executing their jobs. As anticipated by the COR theory corollaries 4, scarcity of resources contributes to a defensive attempt to conserve what is available44–46.

### CONCLUSION

This research contributes by enhancing our understanding of the factors that influence OCB in the public sector, particularly in Malaysian healthcare. Malaysia is seen as a collectivist and culturally oriented country with significant implications for corporate citizenship. While previous studies' findings were based on the Western contexts, this research contributes to the body of knowledge by providing new data from an Asian viewpoint and broadening the scope of the OCB perspective with new evidence from Asia. Therefore, from a Malaysian cultural viewpoint, this research offers significant value to OCB research.

This research also developed a structural model to illustrate the connection between OCB of nurse organisational justice and the ethical atmosphere among nurses in this setting. When developing organisational policies, the model can be used by nurse administrators as a reference for planning and deciding the appropriate course of action. They may elect to hold seminars, workshops, conferences, staff development, and continuing education programmes to emphasise the significance of equality and the development of nurses' ethical values. In conjunction with the findings, nurse leaders must regularly assess the state of organisational justice and nurses' ethical value of areas for improvement, encourage and
incentivise staff nurses to participate in continuing education programmes or courses, and consider implementing a scheduled enhancement programme within the nursing department. Regardless of their presence, nurses, the most numerous groups of healthcare workers, must constantly realise the need for organisational justice and ethical value improvement as they deal with life and errors that have no place in the hospital.

The limitation of this research is only a particular service industry, healthcare of the Selangor Hospital. The conclusions of this research may not apply to other businesses, such as the private sector, academic institutions, or government agencies. Thus, the research's focus can be limited to social concerns. Because of the obvious background features of the sample, the findings of this research may not be generalisable to other countries. In contrast to a more individualistic Western culture, the respondents in this research were from Malaysia, which is known for culturally possessing collectivist features such as teamwork, cooperativeness, a sense of belonging, and prioritising group interest over self-interest.

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Conflict of interest disclosure

All authors declare that they have no conflict of interest.

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