

## The Effects of Psychological Empowerment on Organisational Citizenship Behaviour among Malaysian Nurses

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### Abstract

Despite the great attention received by organisational citizenship behaviour in the organisational discussion, little is known about organisational citizenship behaviour among nurses in Malaysian public hospitals. Hence, this study extended the discussion by investigating the effects of nurses' organisational citizenship behaviour dimensions (altruism, courtesy, civic virtue, conscientiousness, and sportsmanship) on their psychological empowerment (meaningfulness, competent, self-determination, and impact). The results also confirmed that psychological empowerment has positive relationship with organisational citizenship behaviour. Theoretically, this study extends Social Exchange Theory and its application to nursing practitioners. The findings may help human resource practitioners understand how psychological empowerment influence nurses' organisational citizenship behaviour in the hospital. The study recommends the expansion of Social Exchange Theory model in organisational citizenship behaviour research by using longitudinal designs and multiple measures of other variables.

**Keywords:** Psychological empowerment, Organisational citizenship behaviour, Nurses

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### Introduction

The initiating major transformation of Wawasan 2020 has forced Malaysians to be more progressive in the aspects of the economy, social, and intelligence in order to achieve the status of an industrialised and developed country (Jabatan Perkhidmatan Awam, 2017). The stressful and hectic lifestyle has caused an increasing number of Malaysians to be infected by serious illness and admitted to the hospital (Sang Long *et al.*, 2014). Because of the increasing number of patients admitted to hospitals, the job nature among nurses in public sector becomes increasingly demanding and they have to face excessive workload.

The excessive workload may worsen if the ratio of nurses and Malaysian population remains unbalanced as recommended by World Health Organisation. Until in the end of 2016, nurses in Malaysia public hospital are 64,016, with ratio nurses and Malaysian population is 1 to 305 (Ministry of Health Malaysia, 2017). In order to cope with this high demand, Malaysia needs 77,042 nurses by 2020 to achieve the ratio of nurses and Malaysian population 1 to 200 as suggested by the World Health Organisation.

Furthermore, due to the nurses' workload and their close interactions with the patients, the nurses' behaviour could be directly observed by patients and citizens (Yu *et al.*, 2018). In the recent years, the Public Complaint Bureau has received an increasing number of complaints by citizens regarding public servants behaviour in the workplace. The Public Complaint Bureau's annual reports showed in 2015, 6388 complaints have been recorded and in 2016, it increased to 6494 complaints (Public Complaints Bureau Prime Minister's Department, 2018). In order to improve the service quality and service delivery, human resource practices need to be revised as the ability to respond effectively to citizen complaints lies in the willingness of the

employees to exhibit citizenship behaviour. OCB is a possible solution in meeting patients' satisfaction and reducing the workload among nurses as OCB prevents nurses from being individualistic (Yu *et al.*, 2018). It is considered as one of the most important factors influencing organisational effectiveness at relatively at low cost and not driven by formal reward (Organ, 1988).

Ginsburg *et al.* (2016) have stated that employees who exhibit high level of psychological empowerment will be more inclined to reciprocate to the empowering organisation with OCB. However, many leading service companies take for granted the effect of psychological empowerment on OCB and fail to apply it in their management practices (Zhong *et al.*, 2011). More seriously, some of the companies abandoned the idea of psychological empowerment completely (Zhang and Bartol, 2010). Therefore, this study extends the research by discovering the relationship of four-dimensionality of psychological empowerment (*i.e.* meaningfulness, competence, self-determination, and impact) towards five-dimensionality of OCB (*i.e.* altruism, courtesy, civic virtue, conscientiousness, and sportsmanship).

### Literature review

#### Social Exchange Theory

One of the elements in the Social Exchange Theory that is adapted in this study is reciprocity. Reciprocity emphasises on contingent interpersonal transaction whereby an action by one party leads to a response by another (Cropanzano and Mitchell, 2005; Paraskevaidis and Andriotis, 2017). If one party supplies a benefit, the receiving party should respond in the same manner. In other words, to get good things from someone, a person has to provide that good thing to the other person first (Burns, 1973). The norm of reciprocity consists of two



basic assumptions that are people should be kind to who have helped them and people should not hurt those who have helped them (Udell, 1975). Settoon *et al.* (1996) have explained that an individual seeks to reciprocate in ways that will allow the receiver to notice his or her effort. A person that gives a lot to others try to get as much from those he or she had given to and a person that gains much from others is under the pressure of giving as much back to them (Homans, 1958). However, the reciprocity can be positive or negative (Eisenberger *et al.*, 2004; Uhl-Bien and Maslyn, 2003). A negative reciprocity orientation involves the tendency to return negative exchange for negative treatment and a positive reciprocity orientation involves the tendency to return positive exchange for positive treatment.

**Organisational Citizenship Behaviour**

Starting in the 1980s, Organ and his colleagues identified the contribution of extra-role behaviour as good soldier syndrome in the organisation. The term good soldier syndrome is related to OCB (Podsakoff *et al.*, 2000) and this behaviour is exhibited by the committed employees in the organisation (Organ, 1988). Currently, OCB has been a subject of continually increasing research interest in sociology, psychology, political science, management, and other fields of study (Paille, 2010; Podsakoff *et al.*, 2009). The definition of OCB is introduced by Organ (1988), who refers to it as an individual behaviour that is discretionary, not directly or explicitly recognised by the formal rewards system, and in aggregate promote the effective functioning of the organisation. In addition, OCB or extra-role behaviour in organisation represents the willingness of employees to make effort and invest energy in the workplace beyond any formal requirement without expectation of formal rewards (Tambe and Shanker, 2014).

This study focuses on the five dimensions of OCB by Podsakoff (1990) including altruism, courtesy, civic virtue, conscientiousness, and sportsmanship to examine OCB among Malaysia public hospital nurses.

**Altruism.** Altruism means helping or helpfulness (Organ, 1997). It is a behaviour where one expresses the willingness to help colleagues performing their work by assisting others with organisation related task and problems (Smith *et al.*, 1983).

**Courtesy.** Courtesy stands for the positive behaviours displayed by the employees who should be in communication with the organisation and are affected by each other’s works and decisions (Organ, 1990).

**Civic Virtue.** Civic virtue is the active participation of employees in the political life of the organisation (Podsakoff *et al.*, 1990). This behaviour includes supporting the development of the organisation..

**Conscientiousness.** Conscientiousness is the willingness of employees to display behaviours beyond the minimum role behaviour expected of them (MacKenzie *et al.*, 1993).

**Sportsmanship.** In simple words, sportsmanship is known as tolerance among employees in the workplace. Tolerance is the avoidance of negative attitudes that could cause tension between colleagues (Bolon, 1997). It is the willingness to tolerate the inconveniences and impositions of work without complaining (Organ, 1990).

**Psychological Empowerment**

Conger and Kanungo (1988) have defined psychological empowerment as a process of enhancing employees’ effort performance expectancies or feelings of self-efficacy among employees by practising formal and informal organisational techniques of information delivery. Building on the work of Conger and Kanungo (1988), Thomas and Velthouse (1990) have defined psychological empowerment as increased intrinsic motivation manifested in a set of four cognitions reflecting an individual’s orientation to his or her work roles which are meaningfulness, competence, self-determination, and impact. Similarly, Spreitzer (1995, 1996) has defined psychological empowerment as a motivational construct shaped by work environment

as manifested in four cognitions which are meaningfulness, competence, self-determination, and impact.

**Meaningfulness.** Kahn (1990) has highlighted the definition of meaningfulness as a feeling that an individual has in response to their work rather than an objective categorisation of a type of work or work characteristics.

**Competence.** Competence refers to the level at which an individual could perform his or her responsibilities proficiently when he or she attempted to do so (Thomas and Velthouse, 1990).

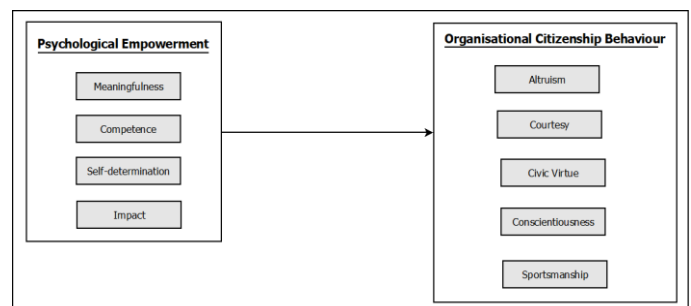
**Self-determination.** Thomas and Velthouse (1990) have defined self-determination as a causal responsibility for a person’s actions or called as the locus of causality. Meanwhile, Spector (1986) and Deci *et al.* (1989) have defined self-determination as autonomy over the initiation and continuation of work behaviour and processes such as making decisions about work methods, pace, and effort.

**Impact.** Thomas and Velthouse (1990) have referred impact as the degree to which an employee perceives their behaviour will make a difference in relation to their responsibilities.

**Psychological Empowerment on OCB**

A study by Srivastava and Dhar (2016) has found that psychological empowerment is associated with OCB. Moreover, the research studied by Kumar and Rajarajeswari (2017) has also found a significant association between psychological empowerment and OCB. Scholars emphasise the performance of OCB which comes from motivational construct such as psychological empowerment to carry out tasks (Chen and Jin, 2014; Srivastava and Dhar, 2016). It based on the criteria that involve empowering the employees and making them feel like they are part of the organisation. It will show greater responsibilities on their roles when they are empowered and participate in the process of decision-making or setting ideas in the organisation.

Furthermore, Saufi *et al.* (2013) have found there is a positive relationship between psychological empowerment and OCB among 177 bank employees in Iran. Raub and Robert (2010) have also discovered that psychological empowerment positively influences the performance of OCB among subordinates. Karavardar (2014) and Chan *et al.* (2015) have revealed that psychological empowerment and OCB has a positive relationship in their study where psychological empowerment motivates subordinates to perform more OCB in the workplace. Recently, a study by Boroh *et al.* (2018) among public servants in Sabah, Malaysia has revealed four dimensions of psychological empowerment (*i.e.* meaningfulness, competence, self-determination, and impact) which have a significant influence on OCB. Employees who are psychologically empowered would feel good about the tasks they are doing and perceive it as a meaningful (Aksel *et al.*, 2013). Thus, the chances of a psychologically empowered employee performing well and conforming to OCB are higher (Garg and Suri, 2013; Garg and Dhar, 2016). With respect to the service sector, there is a positive relationship between psychological empowerment and OCB. Thus, based on the literature, the researchers have concluded that psychological empowerment has relationship on OCB as shown in Figure 1.



**Fig 1.** Conceptual Framework



**H1:** There are positive relationship between psychological empowerment dimensions (i.e. meaningfulness, competence, self-determination and impact) and organisational citizenship behaviour dimensions (altruism, courtesy, civic virtue, conscientiousness and sportsmanship).

## Methodology

The context of this study wraps around the public hospital nurses of four hospitals in Malaysia. The rationale of focusing on the public hospital nurses population was due to the fact that they play an important role in determining the patient's satisfaction and hospital effectiveness to achieve the vision of Malaysian Health Ministry, which is "to mobilize energy for better health" (Ministry of Health Malaysia, 2016). Hence, to obtain the information required from Malaysia public hospital nurses, multi-stage cluster sampling was used in this study. Multi-stage cluster sampling is used when the research involves a wide area and large population size which makes it difficult or impossible to list the subjects.

## Development of Research Instruments

Research instrument refers to the tool utilised by researchers to collect data. For quantitative data, questionnaire or self-report survey was applied as the research instrument. In this study, the questionnaire was used as the instrument for data collection because it can be given to a group of people in order to measure their attitudes, belief, values, and tendencies to act (Goodwin, 2002).

There are three sections in the questionnaires. Section A in this instrument relates to the demographic profile of the respondents. This section is about personal information of the respondents. The demographic factors contain the information about gender, ethnicity, religion, age, marital status, educational level, and job tenure. Section B measure about OCB which adapted the Organisational Citizenship Behaviour Scale by Podsakoff *et al.* (1990). The instrument consists of 24 items that represent the five dimensions of OCB which are altruism (5 items), courtesy (5 items), civic virtue (4 items), conscientiousness (5 items), and sportsmanship (5 reverse items). While, for Section C the researchers adapted the Psychological Empowerment Scale by Spreitzer (1995) to measure psychological empowerment. The instrument consists of 12 items with 3 items representing each of the dimensions (i.e. meaningfulness, competence, self-determination, and impact). This instrument has been used widely in various contexts (i.e. Spreitzer, 1996; Wang *et al.*, 2016; Yao and Cui, 2010).

## Pilot Study

A pilot study is a small-scale study which is conducted before the actual research is carried out. The advantage of a pilot study is that the data collected from it can warn the researcher of the problems that may be faced in the actual research (Piaw, 2012). In the pilot study, respondent is given the opportunity to express criticism on instruments languages, contents, and suitability (Bordens and Abbott, 2008). The conduction of pilot study aims to improve the quality and efficiency of instruments. This study conducted two series of pilot study with 50 samples taken for the pilot study 1 and another 50 samples for the pilot study 2. It was conducted to confirm the reliability and validity of the instruments among nurses. During pilot study 1, the dimension of OCB which is conscientiousness and the impact dimension from psychological empowerment variable had poor reliability with alpha Cronbach values 0.542 and 0.578. In pilot study 1, some of the respondents also complained about the confusing wording structure in some of the OCB items and psychological empowerment items especially the negative or reverse wording items. Therefore, taking it into consideration, the researcher decided to restructure some of the negative or reverse wording items and the other items to be more simple, specific, and understandable.

## Data Analysis

This study used descriptive statistic for analysing demographic variables to understand the characteristics of respondents and respondents' view on the variables. It calculates mean, percentage, and standard deviation to describe the data. Mean is the average numbers of the items in the instruments. It is used to indicate the level of the issue whether it is high, average, or low. Meanwhile, the standard deviation is the amount of variation and dispersion in the instruments. In this study, all the descriptive analyses were run using IBM SPSS software 23.

Besides, this study also used correlation analysis for each variable to identify the relationship between dimensions of psychological empowerment and OCB. Data correlation is used to show the direction, strength, and significance of the relationship (Bordens and Abbott, 2008). Researchers conduct intercorrelation to elucidate which variables or dimensions are highly correlated with other variables or dimensions (Johnson and Wichern, 1992). The value of data correlation determines the relationship between the calculated variables.

## Results

### Data Screening Procedure: Missing Values and Outliers

Data from this study were analysed using IBM SPSS software 23. The initial data was keyed into the SPSS 23. Five negative wording items which were items of SP1R, SP2R, SP3R, SP4R, and SP5R were reversed and computed into a different variable to avoid error in data analysis. Data-screening and data missing procedure had been further executed to identify missing data and potential outliers existing among the respondents of the study. Missing data analysis was conducted using casewise deletion method where the respondents would be excluded if missing data was detected in their questionnaire. From the analysis, five cases had a large amount of data missing, where none of the items in the criterion measures (i.e. PC3, CM1 and IM3) was left unanswered by the respondents. Therefore, the researcher excluded these 5 cases from the data analysis, leaving only 534 of the original 539 participants.

Then, the researcher proceeded with Mahalanobis distance test of multivariate outliers with 95% confidence interval and cut off  $p < 0.05$ . Outliers are respondents with extreme value in their responses. According to Burke (2001), the presence of outliers in the data might cause a technical error in running advanced statistical analysis as outliers interrupt the normality assumption of the data and cause an error in data analysis. Therefore, the exclusion of outliers is important to avoid misleading and inaccurate results. Based on the analysis, 58 potential multivariate outliers were identified and excluded from the study. After the full data screening procedures, only 476 participants were left for the final analyses.

### Demographic Profiling of the Respondents

The following Table 1 presents the demographic information of the respondents in this study. The result indicated that majority of the respondents are female nurses with 461 (96.8%), while only 15 male nurses (3.2%) participated in this study. Most of the respondents are from Malay ethnicity with a total of 404 nurses (84.9%), 48 are Indian (10.1%), 22 are Chinese (4.6%), and the other 2 nurses (0.4%) belong to another ethnicity. The result pointed out that majority of the respondents are Muslims with a total of 404 nurses (84.9%). 42 nurses are believers of Hinduism (8.8%) while 17 nurses are Buddhists (3.6), and the other 13 nurses are Christians (2.7%). The result also showed that most of the respondents are aged between 25-34 years (62.6%), followed by 114 nurses with the age of 35-44 years (23.9%). Only 36 nurses are below 25 years old (7.6%), while 28 nurses are aged between 45-54 years (5.9). For the marital status, most of the respondents are married with statistics showing 345 nurses are married (72.5%), 115 nurses are single (24.2%), and 10 nurses are getting divorced (2.1%), while the rest 6 nurses have marital status as widow/others (1.3%).



**Table 1.** Demographic profiling of the respondents

Demographic Factor	Category	Frequency (N=476)	Percentage %
Gender	Male	15	3.2
	Female	461	96.8
Ethnicity	Malay	404	84.9
	Chinese	22	4.6
	Indian	48	10.1
	Others	2	0.4
	Islam	404	84.9
Religion	Buddhism	17	3.6
	Christianity	13	2.7
	Hinduism	42	8.8
	Others	none	none
	Age	≤ 24 years	36
	25-34 years	298	62.6
	35-44 years	114	23.9
	45-54 years	28	5.9
	≥ 55 years	none	none
Marital Status	Single	115	24.2
	Married	345	72.5
	Divorced	10	2.1
	Widow/Others	6	1.3
Educational Level	SPM	none	none
	Diploma/STPM	282	59.2
	Post Basic/Degree	192	40.3
	Master	2	0.4
	PhD	none	none
Job Tenure	≤ 4 years	123	25.8
	5-10 years	231	48.5
	11-15 years	110	23.1
	16-20 years	12	2.5
	≥ 21 years	none	none

**Normality and Multicollinearity**

The researcher examined the normality assumption of the data. The data normality is determined by observing the value of the skewness and kurtosis. Skewness is a measure of asymmetry distribution of a variable, while kurtosis is a measure of the peakedness of a distribution. The observation of skewness and kurtosis is used since it has good dependability to deliver results for both smalls and large samples (Kim, 2013). As recommended by George and Mallery (2012), the researcher confirmed the normal distribution where the skewness and kurtosis values fall between ±2.00. The results indicated that the study data is normally distributed since skewness and kurtosis values for all constructs ranging between ±2.00.

Next, the researcher conducted the multicollinearity assumption of the data. Multicollinearity exists when the predictor is highly correlated with the other predictor (Hair, 1995). The researcher determined the multicollinearity assumption by checking the Tolerance and Variance Inflation Factor (VIF) values of each dimension of the variable. As discussed by Garson (2012), the researcher confirmed that multicollinearity does not exist where the Tolerance values are larger than 0.20 and VIF values are less than 4.

**Descriptive and Correlational Analysis**

The following Table 2 presents the mean, standard deviation and level of every studied variable. Firstly, for OCB variable, it is noted that altruism, courtesy, and sportsmanship are at high levels among nurses. However, civic virtue and conscientiousness showed average level among nurses. Secondly, all the four dimensions of psychological empowerment showed to be at average level. The standard deviation value for all variable dimensions ranged from 0.47 to 0.82. The standard deviation value smaller than 2 indicated the scores are distributed normally.

**Table 2.** Mean, standard deviation and level of studied variables (N=476)

Variables	Dimensions	Mean	SD	Level
OCB	Altruism	4.04	0.54	High
	Courtesy	4.20	0.51	High
	Civic Virtue	3.59	0.52	Average
	Conscientiousness	3.65	0.47	Average
	Sportsmanship	4.06	0.54	High
Psychological Empowerment	Meaningfulness	4.73	0.79	Average
	Competence	4.69	0.71	Average
	Self-determination	4.39	0.76	Average
	Impact	4.27	0.82	Average

Furthermore, Table 3 presents the correlation of studied variables. First, research findings revealed meaningfulness has positive relationship with altruism ( $\beta=.21, p < 0.01$ ), courtesy ( $\beta=.22, p < 0.01$ ) and civic virtue ( $\beta=.29, p < 0.01$ ). Meaningfulness shown has no relationship with conscientiousness and sportsmanship. Second, competence figure out has positive relationship with altruism ( $\beta=.22, p < 0.01$ ), courtesy ( $\beta=.24, p < 0.01$ ) and civic virtue ( $\beta=.28, p < 0.01$ ). Competence has no relationship with conscientiousness and sportsmanship. Third, self-determination has positive relationship with altruism ( $\beta=.19, p < 0.01$ ), courtesy ( $\beta=.21, p < 0.01$ ), civic virtue ( $\beta=.32, p < 0.01$ ) and conscientiousness ( $\beta=.16, p < 0.01$ ). Self-determination has only no relationship with sportsmanship. Fourth, impact has positive relationship with altruism ( $\beta=.18, p < 0.01$ ), courtesy ( $\beta=.22, p < 0.01$ ) and civic virtue ( $\beta=.22, p < 0.01$ ). Self-determination shown has no relationship with conscientiousness and sportsmanship.

**Table 3.** Intercorrelation between studied variables (N=476)

	1	2	3	4	5	6	7	8	9
1.AL	1								
2.CR	.29**	1							
3.CV	.20**	.20**	1						
4.CS	.11*	.16**	.35**	1					
5.SP	.08	.09	.06	.03	1				
6.MF	.21**	.22**	.29**	-.04	-.00	1			
7.CM	.22**	.24**	.28**	.03	-.08	.62**	1		
8.SD	.19**	.21**	.32**	.16**	-.02	.46**	.49**	1	
9.IM	.18**	.22**	.22**	.02	.01	.39**	.45**	.41**	1

Note: AL:altruism; CR:courtesy; CV:civic virtue; CS:conscientiousness; SP:sportsmanship; MF:meaningfulness; CM:competence; SD:self-determination; IM:impact; \* $p < 0.05$ ; \*\* $p < 0.01$

**Discussion**

The results indicated that psychological empowerment has an influence on OCB among Malaysia public hospital nurses. These results have shown that when nurses feel empowered in the workplace, they are willing to go beyond their job tasks and contribute to the success of their organisation without necessarily expecting compensation beyond their usual salary as a return (Baek-Kyoo and Sung, 2017).

Specifically, the results indicated that all dimensions of psychological empowerment (i.e. meaningfulness, competent, self-determination and impact) have positive relationship towards altruism, courtesy and civic virtue. Impact was indicated to have a positive relationship on altruism as in line with past findings (Arefin *et al.*, 2015; Garg and Suri, 2013; Garg and Dhar, 2016) whereby high impact perception increases nurses' altruism behaviour in the workplace. Nurses who perceived themselves as having the ability to give a positive impact to the hospital through their work behaviour cause them to be more willing to help other nurses. This is because nurses know that by helping the other nurses even when it is not stated in their job tasks can also become one of the positive contributions to the hospital's performance and reputation (Cheasakul and Varma, 2016).



Self-determination also revealed has positive relationship with conscientiousness. Nurses with a high level of self-determination always become excited to be involved and contribute to hospital's work system in order to increase the hospital reputation. The involvement includes giving ideas, discussing with other staff nurses about the issues concerning the hospital, and always reading the hospital's memos to keep them up to date with the information (Boroh *et al.*, 2018). The self-determination nurses also always make themselves conscientious by performing beyond the minimum role requirement level of the hospital, such as obeying rules and being punctual (Lin, 2013; Raub and Robert, 2010; Macinga *et al.*, 2015).

Hence, this study extended empirical evidence of the effect of psychological empowerment dimensions (*i.e.* meaningfulness, competence, self-determination, and impact) on OCB dimension which consists of altruism, courtesy, civic virtue, conscientiousness, and sportsmanship. Psychological empowerment was seldom used as an indicator of OCB, therefore this study extended the current knowledge by clarifying the influence of psychological empowerment dimensions towards OCB dimensions in detail.

In term of practical implications, the results of this study provide valuable information on the importance of OCB among nurses in the workplace. Information gained from this research might help hospitals and Malaysia Ministry of Health to design better working environment that emphasis on OCB at work by psychological empowerment perspective. A positive work environment is important in order to increase the work performance among them. In addition, the information from this study is also beneficial for assisting universities and Malaysia Ministry of Health in designing specific intervention or training programs that emphasis on performing OCB at work.

### Suggestion for Future Research

This study also have several limitations and suggestions for future consideration. First, this study is focused on investigating the hospital setting specifically among Malaysia public hospital nurses. Therefore, the research findings cannot be generalised to the nurses in private hospital or other different groups in other organisations. Since the findings might be different based on the nature of the population, future researchers may replicate and extend the current model of the study into the different population.

Besides, this study employed a fully quantitative approach to gathering the data. All the results and findings of this study were retrieved from the perception of the nurses at public hospitals using self-reported questionnaire. Therefore, it is recommended for future research to utilise mixed data collection method by incorporating qualitative methods such as interview and hospital report to support findings of the study. The use of qualitative data may be beneficial especially to strengthen the results and discussions of the study by further explaining the occurrences based on actual experience of the respondent.

### Conclusion

This study has also discovered the relationship of psychological empowerment dimensions (*i.e.* meaningfulness, competence, self-determination, and impact) towards OCB dimensions (*i.e.* altruism, courtesy, civic virtue, conscientiousness, and sportsmanship) of the nurses. The study has verified that high level of psychological empowerment is positive significant relationship towards the performance of OCB among nurses in the hospital.

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