

# EXTRA-ROLE PERFORMANCE OF NURSES IN HEALTHCARE SECTOR OF PAKISTAN

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## ABSTRACT

*This study aims to sightsee the importance of Organizational Citizenship Behavior (OCB) in public and private hospitals of Pakistan. It is found imperative to examine the impact of prosocially motivation and psychological capital on the OCB of nurses. We also investigated the role of workplace incivility as a moderator on the associations of prosocial motivation and OCB, and psychological capital and OCB. We sampled the nurses of public and private hospitals of Pakistan. All data were collected on-site during paid working hours of healthcare professionals without any kind of interference of authors. Nurses and their immediate supervisors (i.e., doctors) were surveyed at two time points in order to minimize common method biases. Results show that prosocial motivation has significant positive impact on OCB while psychological capital has an insignificant impact on OCB, however self-efficacy (a dimension of psychological capital) has significant impact on OCB. Further, workplace incivility as a moderator significantly influences these linkages. Findings suggest that hospitals should strive to cope workplace incivility in order to improve the OCB of nurses. Therefore, hospitals should not tolerate the uncivil behaviours in order to ensure the high level of OCB.*

**Keywords:** Workplace Incivility, Self-efficacy, Organizational Citizenship Behaviour, Prosocial Motivation, Psychological Capital

## INTRODUCTION

The four key factors of production are land, labour, capital and entrepreneurship, which are not only necessary in the manufacturing sector, but in the services sector as well (Limarev, et al., 2018). Among these resources, labour (human capital) requires special consideration (Shingal & Sauv e, 2019). The human resource factor assumes a focal part in the services sector (Nadiri & Tanova, 2010). Given that, one of the important services sectors

of any country is the healthcare sector (Javed, Liu, Mahmoudi & Nawaz, 2019). The importance is due to its health services to humanity which are considered as the main asset of a country. In line with the importance of health sector the extra-role performance of key staff (nurses) of hospitals is mandatory (Liu et. al., 2017).

Both in-role and extra-role performances are linked with behaviours, such that in-role performance (IRP) refers to “individual behaviour that performed the duties required by the job” (Zhu, 2013). Conversely, Extra-Role Performance (ERP) points at “behaviour’s outside the role expectations” which is mostly termed as organizational citizenship behaviour ‘OCB’ (Zhu, 2013), similarly this study consider OCB as an ERP. Goal attainment, performance and patient satisfaction, are closely associated with the OCB of hospital staff (Chu, Lee, Hsu & Chen, 2005; Kaya, Ileri & Yuceler, 2016). Since, all three aspects (goal attainment, performance and patient satisfaction) especially patient satisfaction is very essential to achieve. OCB is one of the most important factors affecting nurses' attitudes, behaviours, and interactions in providing high quality services (Shahriyari, Eslami & Lotfi, 2019). Further, although employees do not leave job suddenly (Abid, Zahra, & Ahmed, 2015) but many factors influence their intention. In line, there is a shortage of nursing staff in Pakistan which can be managed by the OCB of nurses. Therefore, there is a dire need to enhance the OCB of nurses to improve the quality services (Kaihatu & Djati, 2016; Hassan, Khan & Wajidi, 2019). Thus, our study focuses on the OCB of nurses which is defined as, “work-related behaviour which is discretionary and beyond formal job responsibilities, neither specifically nor unequivocally acknowledged by the formal reward system” (Shin, Kim, Choi, Kim & Oh, 2017).

Although, an extent of literature is available on the antecedents of OCB (Erum et al., 2020; Sheeraz, Ahmad, Ishaq & Nor, 2020), however OCB literature in the health care is scant (Jun, 2017). In the extension of literature, we propose psychological capital and prosocial motivation as the predictors of nurses’ OCB due to their imperative nature. For instance, psychological capital ensures work engagement and commitment (Luthans, Avolio, Avey & Norman, 2007). As far as the previous studies are concerned, psychological capital is a potentially important factor in creating and improving OCB (Bogler & Somech, 2019). However, literature has not adequately explored this phenomenon (Bogler & Somech, 2019). Therefore, our study is an attempt to fill this research gap by explaining in more depth the association of psychological capital and OCB. Further, from the motivational perspective, Shdo, Ranasinghe, Gola, Mielke, Sukhanov, Miller & Rankin (2016) and Abid, Sajjad, Elahi, Farooqi & Nisar (2018) found that prosocial motivation involves the desire of individuals to engage in a helping behaviour. Although a number of studies have explored the positive outcomes of employee motivation, but there is a still lack of research available on prosocial motivation (Hu & Liden, 2012). While attempting the association of psychological capital and prosocial motivation with nurses’ OCB, the role of incivility cannot be neglected as incivility negatively influences the nurses’ performance (Smith, Morin & Lake, 2018).

Academicians have recently discussed workplace incivility as a “deviant workplace behaviour which leads to rudeness, discourtesy, impoliteness and violation of the basic norms of the workplace” (Hershcovis, Ogunfowora, Reich & Christie, 2017). Workplace incivility, according to Cortina (2008) and Abid, et al. (2015) has no concern for the rights and feelings of others. On the other hand, OCB is positive in nature and organizations attempt to ensure

positive workplace outcomes by eliminating negative behaviours (Normand et al., 2017). From the behavioural perspective, Luo, Luo, He, Zhang & Shi (2016) suggested that hospitals and other medical institutions should be taken into considerations to examine OCB.

According to Van Bavel, et al., (2020) individual feels distressed and act selfishly in current pandemic due to chronic anxiety and economic difficulties. Such an environment where individual feel stress and act selfishly may create negative behaviour, e.g. incivility among individuals and society. In a hectic situation that is prevailing in hospitals due to COVID-19, this incivility just would not be a part of society but would be a part of healthcare sector as well. Hospitals are not free from workplace incivility and healthcare professionals had to work in such a situations, in this regard workplace incivility remains under discussion in the literature (Khadjehturian, 2012; Kim, Kim & Park, 2013; Armstrong, 2017; Smith, Morin & Lake, 2018; Alquwez, 2020). In such an environment of hospitals, workplace incivility might influence the association of prosocial motivation and OCB, and the association of psychological capital and OCB. To

The best of our knowledge, no study exists which elaborates the relationship between prosocial motivation and OCB, and psychological capital and OCB through the moderating role of workplace incivility in the healthcare sector. Given that, workplace incivility is considered as a conditional variable (moderator) on the said associations (see Figure 1). Considering the importance of OCB in organizational functioning (Arshad et al., 2020), it seems vital to formally capture the role of prosocial motivation and psychological capital in promoting OCB and the interaction role of workplace incivility towards OCB. Thus, the proposed conceptual model of this study is imperative to explore.

Study model is supported through the conservation of resource (COR) theory which posits that employee try to protect remaining resources when the threat of potential loss of a resource prevail (Hobfoll, 1989). In line, "job resources refer to those physical, psychological, social, or organisational aspects of the job that may (1) reduce job demands and the associated physiological and psychological costs, (2) are functional in achieving work goals, and (3) stimulate personal growth, learning, and development" (Hakanen, Bakker & Schaufeli, 2006, p.497). Consequently, based on above arguments and COR theory, the purpose of this study is as follows, first, we examine the relationship between prosocial motivation and OCB, and psychological capital and OCB. Second, the moderating influence of workplace incivility on the said relationships will be examined.

## LITERATURE REVIEW

### Prosocial Motivation and Organizational Citizenship Behaviour

Prosocial motivation is led by a three-hierarchical level of motivation, namely: (i) global; (ii) contextual; and (iii) situational (Van Yperen, Wörtler & De Jonge, 2016). Global prosocial motivation expresses that to achieve the desired goals, it is essential for employees to help their coworkers from all aspects. While contextual prosocial motivation is changeable through specific terms and conditions as it focuses on the employees with a specific class of behavior, working in a specific direction. On the other hand, situational prosocial motivation is vastly changeable, paying attention to motivating employees to adopt a particular behavior in a specific time period. Therefore, on the basis of their conception, prosocial motivation is

based on the desire of an individual to benefit others (Shdo et al., 2016), and due to their imperative nature our study covers all these dimensions of prosocial motivation.

Prosocially motivated employees are energetic to help their colleagues (Ullah, et al., 2020), which may ultimately establish the foundation of OCB. Although an extent of literature is available which represent the association of prosocial motivation and OCB (e.g. Rioux & Penner, 2001; Lazauskaite-Zabielske, Urbanaviciute & Bagdziuniene, 2015; Schott, Neumann, Baertschi & Ritz, 2017) but the association between these variables is not exactly clear. For instance, some of the scholars found significant (e.g., Clary & Orenstein, 1991; Penner & Finkelstein, 1998; Zbierowski, 2018; Arshad, Abid & Torres, 2020), while some others found insignificant association of prosocial motivation and OCB (e.g., Konovsky & Organ, 1996; Ladd & Henry, 2000). It reveals that there is still need to examine the association of prosocial motivation and OCB (Hu & Liden, 2012; Shao, Zhou, Gao, Long, & Xiong, 2019). In line, a new category of OCB, i.e., customer-oriented OCB, has been proposed by Dimitriades (2007), who defined it as a, “pattern of non-mandated and individual-initiated behaviors which make great efforts to develop customers’ satisfaction and quality service delivery”, which is closer to nurse-patient relation, therefore is used in this study. A typical example of OCB includes anticipating one’s problems, and then trying to be equipped for fulfilling customers’ needs and resolving their issues on a priority basis (Dimitriades, 2007).

Likewise, it is claimed that a positive impact on the lives of others is possible through prosocial motivation (Grant & Sumanth, 2009). As discussed, research has shown that a number of important work behaviours can be initiated through prosocially motivated individuals (De Dreu & Nauta, 2009), for instance, task persistence and improved performance (Grant & Sumanth, 2009). Employees equipped with prosocial motivation are always enthusiastic toward the fulfilment of the goals of facilitating others (Grant & Sumanth, 2009). Further, in order to build employees’ citizenship behaviour, it seems mandatory for them to have a high motivational level at workplace. Rewards, bonuses and incentives are the biggest sources of motivation for the employees (Warneken & Tomasello, 2008). Kelly, et. al. (2020) conceptualized prosocial motivation a resource, and drawing on COR theory, when resources are depleted then performance-based outcomes (e.g. OCB in our case) may also be negatively influenced. Therefore, our study is investigating about prosocial motivation as a resource by interacting with workplace incivility would predict OCB of nurses. Given that, prosocial motivation as a personal resource (Shin & Hur, 2020) signals to encourage the healthy workplace relationships (Andersson & Pearson, 1999). Therefore, it is probable that it may strengthen the social relationships of nurses and potentially energizes the other type of resources e.g. OCB. Based on the above review, we propose the following hypothesis:

***Hypothesis 1:** Prosocial motivation is significantly associated with organizational citizenship behavior.*

## **Psychological Capital and Organizational Citizenship Behaviour**

According to Avey, Reichard, Luthans & Mhatre (2011), there is sufficient literature on psychological capital published so far. Each component of psychological capital has a significant role in facilitating the organizations to generate positive outcomes (Nawaz, Bhatti,

Ahmad, & Ahmed, 2018). Psychological capital has been conceptually identified as “hope”, “optimism”, “self-efficacy” and “resilience” (Luthans & Youssef, 2004). Self-efficacy is defined as, an individuals’ trust in their capabilities to attain certain achievements (Luthans, 2002). Self-efficacy is positively associated with job performance and job satisfaction (Luthans, Avolio, Avey, & Norman, 2007). Hope is “symbolized as the effort to achieve success through the skills to recognize, simplify and follow the method to success” (Luthans, 2002). It is probably true to claim that employees with hope are psychologically strong to help others.

According to the attribution theory, optimism is defined as, “an attribution style where individuals explain positive events through personal, permanent, and pervasive causes” (Youssef & Luthans, 2007). Optimism boosts self-esteem and morale of the employees (Luthans et al., 2007) which can maximize employee OCB. While Resilience is defined as “the developable capacity to rebound or bounce back from adversity, conflict and failure or even positive events, progress and increased responsibility” (Luthans, 2002). This increased level of responsibility may maximize the citizenship behavior. Moreover, Avey, Luthans, & Youssef (2010) examined that psychological capital promotes work behavior and may lead to OCB.

Although an extent of literature available which shows the significant impact of psychological capital on OCB (e.g., Pradhan, Jena, & Bhattacharya, 2016; Gupta, Shaheen, & Reddy, 2017; Bogler & Somech, 2019), however, the examination of the same link is mandatory in the healthcare context. Further, though studies have been conducted on many organizational variables, Nolzen (2018) recommended the need for more studies to examine the specific positive outcomes for organizations due to increased levels of psychological capital. The relation between psychological capital and OCB needs to be examined is also recommended by (Luthans & Youssef-Morgan, 2017; Nolzen, 2018; Ocampo et al., 2018). Thus, our study is focusing the same link in the context of health sector. Given that, OCB requires individuals to persist in working on tasks voluntarily, and when necessary, an employee having high psychological capital may perform out of the role expectations towards organisational benefits as there exist hectic situations in hospitals where nurses have to behave extraordinary to tackle them.

Therefore, we are arguing that nurses having high psychological capital can perform extraordinarily in such situations. In line, COR theory suggests that as a gain cycle the resource gains lead to further resources (Halbesleben et al., 2014). Employees with more resources are best positioned to accrue further resources (Kelly et al., 2020). Thereby, the gain cycle is likely to be strengthened for the employees endowed with more resources (Halbesleben et al., 2014). In our case psychological capital is a cognitive human resource which may direct its efforts accrue further resources as a gain cycle. Following this rationale, our study proposes that individuals with high psychological capital are likely to invest more of their acquired resources (i.e. hope, self-efficacy, optimism and resilience) into activities that would positively influence the extra-role performance (OCB in this study). Based on these arguments, we hypothesized that:

*Hypothesis 2*     *psychological capital is significantly associated with organizational citizenship behavior.*

## **Workplace Incivility as a Moderator**

Workplace respect and caring behaviour is the key for organizational identification and sustainable performance of employees (Rehmat et al. 2020). Whereas, incivility creates disruption in helpful support, information sharing, and usability of one's work expertise to help others (Nawaz, et al. 2020). It has been observed that workplace incivility is negatively associated with job involvement and job performance (Taştan & Davoudi, 2015), which is considered as the pre-requisite of citizenship behaviour (Fathiizadeh, Zare & Bahmani, 2018). In other words, the OCB of the employees would be badly affected in the presence of workplace incivility. In line, uncivil behaviour damages the constructive workplace outcome and leads to decline of individual's effective and supportive behaviour and their level of OCB as well.

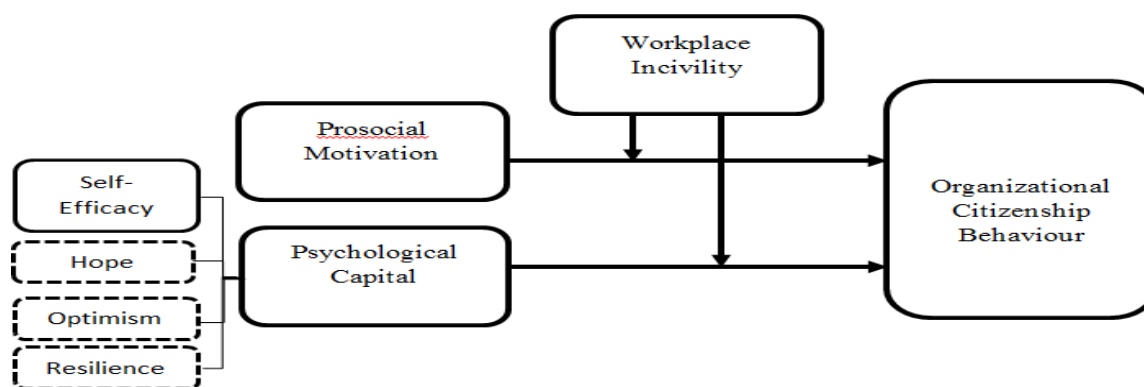
When incivility is prevalent, employees are less able to tap into their collective strengths to cope with their work stresses (Luthans, 2002). If they are not able to cope with the challenges, their feelings of job satisfaction will not be achieved. It is probably true to claim that when employees are psychologically strong enough to help others then such an environment may create where OCB of employees gets progress, but environment with uncivil behaviours decrease the employees' morale, which would eventually disrupt their level of OCB (Luthans et al., 2007).

Workplace incivility, not just influence the workplace outcomes at individual level but influence at the organizational level as well (Cortina, Magley, Williams & Langhout, 2001). A variety of constructs have been engendered which are considered as the outcomes of incivility e.g., work withdrawal (Miner-Rubino & Cortina, 2004), Task performance, creativity, citizenship behaviour, negative affect, dysfunctional ideation, competitive/cooperative conditions (Porath & Erez, 2009), emotional depletion (Totterdell et al., 2012), and social discouragement and workplace violent behavior (Duffy, Ganster & Pagon, 2002). The uncivil behaviours result in less attention to work, which reduces employees' job performance as well (Porath & Pearson, 2010). On the basis of discussing harmful consequences of workplace incivility, it can be argued that workplace incivility may weaken the relationship between prosocial motivation and OCB, and also have the same impact on the relationship between psychological capital and OCB.

The COR theory postulates that individuals strive to obtain, protect and retain resources to support the social relationships (Hobfoll, 1989). However, when resources are not sufficient replenished then individuals may experience workplace incivility and stress. Given that, COR theory Hobfoll (1989) is deployed to explain the moderating role of incivility on the associations of motive and OCB, and psychological capital and OCB. A little available literature revealed that workplace incivility influence the OCB based on COR theory. For instance, the same link (i.e. incivility  $\square$  OCB) through burnout as a mediator has been examined in the study of (Liu, Zhou & Che, 2019) with the application of COR theory. We foresee that individuals' resources can be depleted by workplace incivility, which will, in turn, leads to a decrease in extra-role performance (i.e. OCB in our case). We believe that this new mechanism will help academicians in understanding a more holistic picture about how incivility may engage OCB. Thus, based on the COR theory and current health challenges, we believe that the following conceptual model and hypotheses can be drawn from the discussion. Based on the above discussion, the following two hypotheses are proposed:

**Hypothesis 3a :** *Workplace incivility moderates the association of prosocial motivation and organizational citizenship behaviour.*

**Hypothesis 3b:** *Workplace incivility moderates the association of psychological capital and organizational citizenship behaviour.*



**FIGURE 1**  
**CONCEPTUAL MODEL**

Note:   
 Insignificant.  
 Significant.

## METHODS

### Sample and Procedure

We sampled the healthcare professionals (nurses) of public and private hospitals of Pakistan. All data were collected on-site during paid working hours without any kind of interference of authors. Nurses and their immediate supervisors (i.e., doctors) were surveyed at two time points with a gap of 7 to 14 days in order to minimize common method biasness because systematic covariance may occur if data were collected in same time about predictor and criterion, as suggested by (Podsakoff, MacKenzie, Lee & Podsakoff, 2003; Min, Park & Kim, 2016). “Contrary to other disciplines where timing is determined by scientifically assessed techniques, the time lags in social sciences are determined more by convenience or tradition” (Mitchell & James, 2001; Cole & Maxwell, 2003). In line, the gap of 7 to 14 days in a time lagged study design is a common practice in behavioral sciences e.g. same gap can be observed in the literature (see: Raja, Javed & Abbas, 2018, p.383; Nawaz et al., 2020, p.1351).

At time point one (T1), 146 nurses completed the survey on predictors (prosocial motivation, psychological capital) and moderator (workplace incivility) of the study. Although senior nurses are the supervisors of their subordinated nurses but for both, nurses and head nurses, work mainly under the supervision of doctors in operation theatres and other

medical activities, therefore doctors are considered supervisors who can primarily evaluate the OCB of nurses. At time point two (T2), 35 doctors provided their perception of OCB of same nurses. Nurses who have been working with their doctors for less than six months were not considered as participants of the survey. The ethical guidelines given by Fontana and Frey (2003) have been followed during data collection procedure such as, respondents were kept away from mental as well as emotional interruptions and the data confidentiality was ensured to respondents by stating that it would be used only for research purpose. The research ethics committee of the University of Corresponding Author approved this study.

We distributed 300 questionnaires at T1, of which 190 nurses responded (63.33% response rate), at T2 their supervisors were approached and only 35 responded about the 146 nurses. Before collecting data, hospital's management was well informed about the purpose of this study and respondents were assured about their confidentiality. The nurses were also asked about their demographic characteristics and most of them were female representing 89% of the respondents. A participant belongs to the emergency, radiology, pathology, cancer center, cardiac surgery, cardiology, clinical nutrition, dermatology, diabetes & endocrinology, emergency care, ENT, gastroenterology, neurology and ophthalmology departments. For the purpose of data entry, the data were coded in order to allow matching of the subordinates to their supervisor. Both anonymity and confidentiality were ensured to the participants of this study before they agreed to participate.

## Measures

**Prosocial motivation:** We employed prosocial motivation scale developed by Grant & Sumanth (2009), comprising five items. The items included, "I get energized by working on tasks that have the potential to benefit others". Using a 5-point Likert scale, participants indicated their level of prosocial motivation, where 1= "strongly disagree" and 5= "strongly agree". A high score shows that employees are highly prosocially motivated and vice versa.

**Psychological capital:** To measure psychological capital of nurses, we used twelve items scale developed by (Luthans et al., 2007). The items included "If I should find myself in a jam at work, I could think of many ways to get out of it". Questionnaire tool was measured by 5-point Likert scale ranged from 1= "not at all Satisfied" to 5= "very Satisfied". A high score reveals a higher level of psychological capital of nurses in hospitals.

**Workplace incivility:** Workplace incivility was measured with a scale developed by Cortina et. al. (2001), comprising seven items. There were four items on ignoring individuals and three items on perceived judgment. A sample of item on ignoring was "ignored or excluded you from professional camaraderie" on the other hand, a sample of item on judgment was "Doubted your judgment on a matter over which you have responsibility"? Questionnaire tool is measured by "5-point Likert scale" where 1="never" and 5="frequently".

**Organizational citizenship behaviour:** We used the seven items scale to measure customer-oriented OCB developed by (Wu, Tse, Fu, Kwan, & Liu, 2013). The items included "this employee is assisting co-workers to deliver high-quality customer oriented services". The



questionnaire was adapted as just few amendments were made for example above given item were amended as “this nurse is assisting co-workers to deliver high-quality patient oriented services”. 5-point Likert scale was used to measure the OCB of nurses, where 1=“never” and 5=“frequently”. A high score reveals nurses high in OCB.

## RESULTS

To analyse the hypothesized relationships, 300 nurses were surveyed but 146 were finalized where just 29 (19.86%) were male and 117 (80.14%) were female nurses. A total of 138 (94.52%) nurses have BS-nursing qualification, showing that surveys’ participants comprised educated nurses who can easily understand the terminology and language of the instrument. Although 35 doctors were surveyed as heads/supervisors of the nurses, but the frequency statistics of these doctors is not provided in Table 1 because nurses are the main focus of the study. Further, the data were first analysed for missing values and outliers because these could influence results (Byrne, 2010).

<b>Variables</b>	<b>Matric</b>	<b>Intermediate</b>	<b>BS Nursing</b>	<b>Total</b>
Male	1	2	26	29
Female	2	3	112	117
Total	3	5	138	146

### Measurement and Structural Equation Model (SEM) Analysis

To assess the model fit, if the general required values of GFI, IFI, TLI, and CFI are equal or above 0.90 then the model is considered as ‘excellent model fit’, whereas if their values are between 0.80 to 0.90 then model fitness could also be accepted (Hu & Bentler, 1999). Further, the values less than 0.05 shows an excellent model fit for RMSEA.

The loading estimates were ranged from 0.64 to 1.00 for prosocial motivation, 0.75 to 1.00 for psychological capital, 0.64 to 1.00 for workplace incivility and 0.64 to 1.00 for OCB. Significant

<b>Models</b>	<b><math>\chi^2</math></b>	<b>DF</b>	<b><math>\chi^2 / DF</math></b>	<b>GFI</b>	<b>IFI</b>	<b>TLI</b>	<b>CFI</b>	<b>SRMR</b>	<b>RMSEA</b>
Factor Model D (Full Measurement Model)	507.5	410	1.23	0.82	0.92	0.9	0.91	0.071	0.04
Factor Model C (Three factor model)	975.39	431	2.26	0.68	0.55	0.5	0.54	0.105	0.09
Factor Model B (Two factor model)	1027.25	433	2.37	0.67	0.51	0.46	0.49	0.107	0.09
Factor Model A (one factor model)	1111.6	434	2.56	0.65	0.44	0.36	0.42	0.112	0.1

**Notes:** n=146, All models are compared with the full measurement model. A: Prosocial motivation, psychological capital, workplace incivility, and OCB were combined into one factor. B: Workplace incivility and OCB were combined into one factor; psychological capital and OCB were combined into one factor. C: Workplace incivility, prosocial motivation, and OCB were combined into one factor; psychological capital was combined into factor. D: Full measurement model was analyzed.  $\chi^2$ =chi-square; DF=degrees of freedom; GFI=Goodness of Fit Index; IFI=Incremental Fit Index; TLI=Tucker-Lewis Index; CFI=Comparative Fit Index, SRMR=Standardized Root Mean Square Residual; RMSEA=Root Mean Square Error of Approximation.

loading and high composite reliability signify convergent validity (Cable & DeRue, 2002) as in our case the composite reliability is above 0.76 for all construct and loading are also high. The results showed that the model adaptability and convergent validity was satisfactory. The extent of distinctiveness of each construct was determined by the discriminant validity (Fornell & Larcker, 1981). Given that, the square root of the AVE in each construct (independents, moderator and dependent) is greater than the correlation among constructs which reveal the supports for the discriminant validity

From the adapted scale since the scale had already been evaluated from exploratory factor analysis, therefore their Confirmatory Factor Analysis (CFA) is mandatory as suggested by (Hair et. al., 2010). Thereby, CFA to analyze the measure model was functionalized by using Analysis of a Moment Structures (AMOS). The values of model fit and measurement model are extracted by using SEM analysis technique. The common method bias is imperative to be computed, thereby, a total of four models were tested: A four-factor model (i.e., prosocial motivation, psychological capital, workplace incivility, and OCB) was compared with the other three alternate models. The CFA results advocate that our four-factor model (i.e. full measurement model) is proved better fit ( $\chi^2=507.508$ ,  $\chi^2 / DF=1.238$ , GFI=0.823, IFI=0.921, TLI=0.906, CFI=0.918, SRMR=0.0714, and RMSEA=0.04) as statistics are provided in Table 2. Furthermore, it is observed better as compared to the other three alternative models (i.e., A, B, and C). As a result, we found the values of hypothesized model were within the standard brackets.

The mean scores of prosocial motivation and OCB are high e.g. 3.87 and 3.98 respectively. Which shows that the prosocial motivation and citizenship behaviour of nurses are high and patient oriented while the mean score of workplace incivility is low i.e. 1.96 which shows that the environment of hospitals is less incivil. The standard deviation of all variables is just above the moderate level, except the standard deviation of gender; qualification and psychological capital (see Table 3). The values of Cronbach's Alpha ( $\alpha$ ) of all the scales are higher than the minimum required value i.e. 0.70 (see Table 3,  $\alpha$  are given in parenthesis) which depict that measures can be used further for inferences about the study population. Few demographic variables i.e. age, qualification were controlled, and due to the difference between male and female, gender was also considered as a control variable in this study. Correlational analysis was carried out for the initial testing of study hypotheses. We found OCB has significant positive correlation with prosocial motivation ( $r=0.355$ ,  $p<0.01$ ) while significant negative correlation with workplace incivility ( $r = -0.333$ ,  $p<0.01$ ). Further, we found OCB is significant correlation with psychological capital. Therefore, our first hypothesis i.e. H1 is supported while and second hypothesis i.e. H2 does not support.

<b>Table 3</b> <b>MEAN, STANDARD DEVIATION, CRONBACH'S ALPHA, AND CORRELATION ANALYSIS.</b> <b>*: CORRELATION IS SIGNIFICANT AT THE 0.05 LEVEL (2-TAILED), **: CORRELATION IS SIGNIFICANT AT THE 0.05 LEVEL (2-TAILED)</b>										
S. No	Variables	Mean	Standard Deviation	1	2	3	4	5	6	7
1	Age	1.8904	0.78013	1						
2	Gender	1.8014	0.40034	-0.136	1					
3	Qualification	2.9247	0.33395	0.074	0.094	1				
4	Prosocial motivation	3.8781	0.74773	0.105	0.094	-0.076	-0.79			
5	Psychological capital	2.891	0.40514	-0.044	0.064	0.122	.264**	-0.72		
6	Workplace incivility	1.9648	0.57231	-0.152	-0.014	-0.055	-.342**	-.112*	-0.73	
7	Organizational Citizenship Behavior	3.9814	0.70292	.192*	0.123	0.082	.355**	0.129	-.333**	-0.74

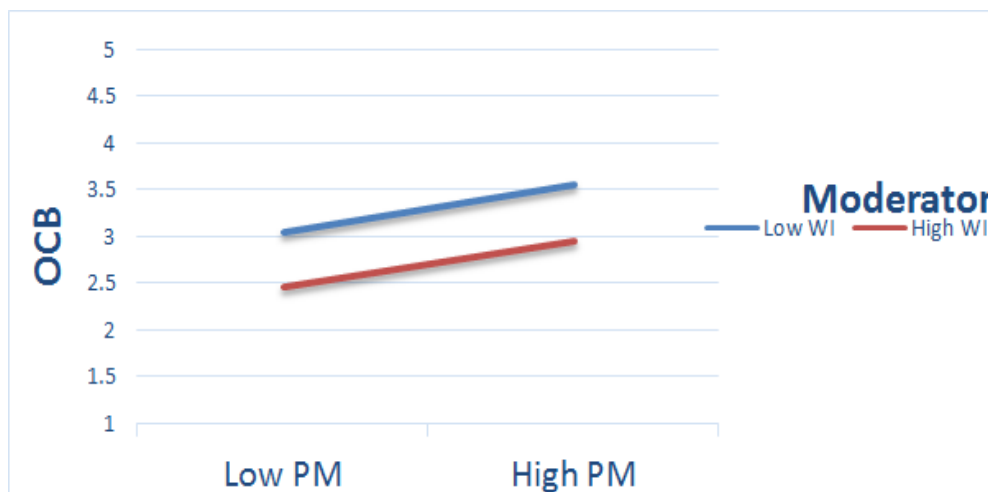
Further, the values of unstandardized estimates show that prosocial motivation ( $\beta=0.245$ ,  $p<0.01$ ) has a positive significant impact on OCB which supports the H1. Workplace incivility ( $\beta=-0.293$ ,  $p<0.01$ ) has a negative significant impact on OCB, but psychological capital is insignificant with OCB (see Table 4) which reveal H2 is not supported. Given that, it can be found in Positive Organizational Scholarship (POS) literature that sometimes POS has either correlate negatively or insignificantly on positive behaviours such as organizational commitment (O'Driscoll & Randall, 1999; Aube, Rousseau & Morin, 2007; Colakoglu, Culha & Atay, 2010). Similarly OCB is also a positive organizational behavior (Qian, Zhang & Jiang, 2020) which could be insignificant with psychological capital (a key higher order construct of POS). In line, although an extent of literature shows the significant impact of psychological capital on OCB (see: Pradhan, Jena & Bhattacharya, 2016; Gupta, Shaheen, & Reddy, 2017; Bogler & Somech, 2019) but Shahnawaz & Jafri (2009) explained that psychological capital as a whole does not affect OCB but its dimensions individually affects OCB (Qadeer & Jaffery, 2014, p.456). Due to this ambiguity about the significant and no significant impact of psychological capital on OCB, we regressed the dimensions of psychological capital with OCB. We found self-efficacy is statistically significant ( $\beta=0.282$ ,  $p<0.01$ ) with OCB but all other demission (hope, optimism and resilience) are statistically insignificant.

Further, the moderating role of workplace incivility was examined by the interaction effect of workplace incivility with independent variables (prosocial motivation and psychological capital) on the dependent variable (OCB) as method suggested by (Aiken et al., 1991). Given that, the interaction effect of workplace incivility  $\times$  prosocial motivation ( $\beta=0.092$ ,  $p<0.05$ ), and workplace Incivility  $\times$  psychological capital ( $\beta=-0.171$ ,  $p<0.01$ ) are significant with the OCB with a total change in variance 0.082. Thus, result supports the suggested hypotheses H3a and H3b.

<b>TABLE 4</b>			
<b>MODERATION EFFECTS</b>			
<b>Variables</b>	<b><math>\beta</math></b>	<b>SE</b>	<b>p-value</b>
<b>Step 1</b>			
Prosocial motivation	0.249	0.078	***
Psychological capital	0.056	0.137	Insig.
Workplace incivility	-0.293	0.099	***
R2	0.178		
<b>Step 2</b>			
Workplace incivility $\times$ prosocial motivation	-0.092	0.036	**
Workplace incivility $\times$ psychological capital	-0.171	0.044	***
R2	0.096		
$\Delta R2$	0.082		
<b>Note:</b> Dependent variable=organizational citizenship behaviour, ** $p<0.05$ , *** $p<0.01$			

## DISCUSSION

OCB, which is the dependent variable in our study, has a crucial role in the healthcare sector (Raub, 2008). The literature review revealed that only a few studies have focused on OCB of nurses (Yu, Lou, Eng, Yang & Lee, 2016). In relation to OCB, we tested the cross-level interaction of workplace incivility with prosocial motivation on OCB and psychological capital on OCB. The moderation line graph (see Figure 2) represents the hypothesis H3a which shows that in the presence of high workplace incivility in hospitals the OCB of nurses is low. Conversely, in the presence of low workplace incivility in hospitals the OCB of nurses is high. Therefore, hospitals should not tolerate uncivil behaviors in order to ensure a high level of OCB, even at lower prosocial motivation level. However, if nurses are prosocially motivated, then the level of their OCB will be at its optimal level.



**FIGURE 2**  
**MODERATION LINE GRAPH WITH PROSOCIAL MOTIVATION**

(Note: PM means Prosocial Motivation and WI means Workplace Incivility)

Further, we tested the cross-level interaction of workplace incivility with psychological capital of nurses on OCB. From the moderation findings (see Figure 3), Hypothesis H3b is supported such that OCB of nurses is low at a low level of psychological capital, but OCB improves when nurses are equipped with hope, self-efficacy, optimism and resilience in the presence of low workplace incivility. On the contrary, line graph shifts downward in the presence of high workplace incivility which revealed that even at higher levels of psychological capital, OCB decreases when there is a high level of workplace incivility. Thus, OCB of nurses will be at optimum level in hospitals when they are equipped with hope, self-efficacy, optimism and resilience, with the only condition that workplace incivility would be low.



**FIGURE 3**  
**MODERATION LINE GRAPH WITH PSYCHOLOGICAL CAPITAL**

(Note: PsyCap means Psychological Capital and WI means Workplace Incivility)

Finally, the findings of this study extended the COR theory by identifying workplace incivility as a hindrance in healthcare professionals' ERP. Specifically, we noted that nurses' aptitude to perform ERP is limited in the presence of workplace incivility, which has been observed high in the current pandemic environment (i.e. COVID-19). Therefore, in the presence of workplace incivility, healthcare professionals strive to obtain, protect, and retain resources (e.g., self-efficacy and prosocial motivation) that can support their extra-role behaviour and social relationships in coping unique challenges.

## **RESEARCH LIMITATIONS AND FUTURE RESEARCH SUGGESTIONS**

This study is limited from various aspects, such as generalizability of findings, sampling and cultural context. Such as, due to idiosyncratic characteristics of research location, the generalizability of the findings may be limited. Further, the sample includes the majority of the respondents from private hospitals, which also limit the generalizability of the study findings. Also, the other staff of the hospitals, for example, administrative and management staff, were not a part of this study. Further studies should deal with other healthcare staff so that sampling could be more representative and free of biases.

The sensitivity level of OCB may be affected due to unique culture; thus, future studies may test our proposed model at the cross-cultural level. Furthermore, a comparative study on the public and private hospitals could generate valuable results. Thus, future studies should focus on this comparison. Doctors role has been neglected in this study, thereby future studies may focus on doctor's role towards influencing and dealing with incivility and OCB of nurses.

## **CONCLUSION**

This study demonstrates the relative importance of ERP of healthcare professionals to deal with patients effectively. Given that, hospitals may design and implement nursing training and mentorship programs in order to facilitate health goals (Torres, Abid, Govers & Elahi, 2020). The findings further broaden our knowledge by revealing that nurses do work with extra-role behaviour until they are packed with high prosocial motivation and high psychological capital in the absence or workplace incivility. Consequently, the implementation of studied validated interventions of this study is promising approaches aiming to enhance ERP of nurses to better cure the patients along with medical treatments.

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