

# Organizational justice and organizational citizenship behavior: exploring the mediating role of psychological well-being at work

Mohamed Nisfar Changaranchola

*Department of Commerce, Delhi School of Economics, University of Delhi,  
New Delhi, India, and*

Rabinarayan Samantara

*Department of Commerce, Shivaji College, University of Delhi, New Delhi, India*

## Abstract

**Purpose** – The present research paper aims to examine the inter-relationship between organizational justice (Henceforth termed as OJ), psychological well-being at work (henceforth termed as PWBW) and organizational citizenship behavior (henceforth termed as OCB). More specifically, this paper attempts to critically analyze the mediating role of PWBW in the relationship between OJ and OCB. The study solely focuses on nurses working at private hospitals in Kerala, who are the largest group of healthcare personnel.

**Design/methodology/approach** – Data collected from 308 nursing employees were analyzed by using statistical package for the social sciences (SPSS) software.

**Findings** – The outcomes of the analysis demonstrate that significant correlations exist between all the three key variables and their dimensions. Moreover, it has been found that the relationship between OJ and OCB is partially mediated by PWBW.

**Research limitations/implications** – In the present healthcare scenario, just after the Covid-19 pandemic, there is a paramount need for the well-being of healthcare staff in order to improve the functioning of the healthcare system.

**Originality/value** – The study enabled us to develop and provide an explanation as to how social exchange relationship works between OJ and OCB.

**Keywords** Organizational justice, Fairness perceptions, Psychological well-being, Organizational citizenship behavior, Nurses, Healthcare worker

**Paper type** Research paper

## Introduction

In a fast-moving world where uncertainties are certain, there is absolutely no confusion regarding the fact that health is the most valuable treasure a person can hold. As it is observed, healthcare workers are the real and unsung heroes of the world. In any healthcare setting, nurses are the largest segment of staff who perform a crucial and significant role in providing medical care for patients. Nurses have to focus not only on the patient's needs but also on all other communities such as the patient's bystanders, doctors, paramedical staff and



hospital management. This may often create an unfortunate burden on nurses irrespective of how difficult their work towards patient care is. At present, the nursing profession has been more challenging due to many reasons such as the emergence of new communicable diseases, advancement in medical technologies, change in demographics, profit motive of hospitals etc. A major portion of the nursing population works in the private sector. It is often noticed that nurses are protesting on various grounds, especially against their unfair treatment in the hands of the management. Fairness perception may have an impact on various organizationally relevant outcomes.

Since 2009, nurses in India have been organizing strikes and protests against long standing grievances relating to poor working conditions, low payment of salary and the mistreatment of nurses at the hands of the hospital managements (Nair, 2010). As George Jacob has rightly reported, the nurses are the only professional group who are badly remunerated, exploited and being abused at the workplace (Jacob, 2017). Kerala is a state known for its significant concentration of registered nurses. The unfair consideration in the hands of hospital management towards nurses has been very much evident during the last decade. In 2009, nurses from private hospitals, who were traditionally refrained from any sort of political activities, outburst out of self-concealed as an outcome of ever-increasing exploitation (Biju, 2013). In 2012, nurses demanded a considerable work environment, better salary, and reasonable duty time and there were few of the requisites put forward by nurses working in the private hospitals (Koshy, 2012). Nevertheless, protection against sexual harassment remains a major concern for this female dominated profession. With the meager amount of salary that is not even subscribed by the government, they were not able to pay loan repayment installments where most of the nurses belonged to economically weaker sections and had taken bank loans to pursue their studies (Nair, 2010). The employees were compelled to work for ten-hours a day and 14-h night shifts and there were instances where employees were made to work for about 20 h when the hospitals were short staffed. Similarly, the hospital management was reluctant to pay the minimum wages that were revised in 2013. Moreover, the hospitals were deploying 'trainees' even after several years of work and Employees' State Insurance (ESI) and Employee Provident Fund (EPF) were also denied (Barria, 2018). The minimum wages that are ensured by the highest court of the land, time bound, unbiased and meaningful appraisal, increment and bonuses, kind behavior from the side of management and doctors, basic facilities like changing rooms, resting rooms, etc. accommodation within the hospital premises or close proximity, and safety of nurses' young children, are few of the concerns of nurses working in private hospitals (Jacob, 2017). The unjust conditions and the subsequent protests were recurring and still continuing in various parts of the country.

Against the background of these observations, we were interested to know how this perception of justice would impact employees' performance, specifically nurses' performance in this case. Over time, researchers in the field of organizational studies have investigated various approaches to attaining organizational success through improving employee performance. In this context, citizenship behavior has got much attention as it is not only predicts efficiency performance but also enhances many other organizational outcomes such as quality outcome, creativity etc. (Yaakobi and Weisberg, 2020). Organizational citizenship behavior (OCB) pertains to voluntary and discretionary actions that employees undertake to contribute to their organization's welfare, extending beyond their formal job duties (Organ, 1988). When it comes to the healthcare industry, where the number of skilled employees is limited and especially the patient care that is largely based on manpower or human capital, it requires an exhibition of citizenship behavior for the well-being of the patients (Basu *et al.*, 2017).

Often the aforementioned injustice leads nurses to commit suicide (Kerala: Nurses booked for suicide attempt, 2012). Working under extreme pressure even in the unfavorable conditions must be creating great psychological impact among these front-line workers.

Furthermore, a low perception of justice by employees could potentially create a detrimental impact on how they effectively and efficiently fulfill their job responsibilities and tasks. Even though there are enormous studies on the connection between organizational justice (OJ) and OCB, the present study explains how such a relationship channels. Against the background of these observations, we propose a model in which OJ leads to psychological well-being (PWB) of employees and PWB, in turn, results in citizenship behavior of nurses working at private hospitals in Kerala.

## Theoretical background

### *Organizational justice*

OJ has been widely used in the organizational context as an explanatory variable to predict many organizationally relevant outcomes. OJ is concerned with how employees judge the behavior of the organization towards them in terms of rewards and outcomes. It also includes the behavior of the organization in other aspects of the work, such as ethicality, recognition, personal development, security etc. According to [Elovainio et al. \(2005\)](#), OJ is defined as the perception of workers on the grounds of being treated justly and truthfully by the organization or its management. Even though there are arguments regarding dimensionality of OJ, the most acknowledged and widely used dimensions are distributive, procedural and interactional justice. Individuals assess the fairness of their supervisors or organization through these dimensions ([Caleo, 2016](#)). Distributive justice pertains to employees' perception of an organization's resource allocation. In other words, it is the judgment of people on what they receive ([Saks, 2006](#)). Procedural justice is concerned with the equity and fairness of the processes employed in making decisions related to the allocation of organizational resources and benefits ([Thibaut and Walker, 1975](#)). On the basis of this dimension, the procedure should be accurate, consistent and unbiased. Interactional justice refers to the status of interrelations among individuals within the organization ([Folger and Cropanzano, 1998](#)). Moreover, this aspect of OJ necessitates that management upholds politeness, nobility, sincerity and consideration throughout the decision-making process. Likewise, taking into account the perspectives of workers in the decision-making process and ensuring effective communication with them can be categorized as interactional justice ([Niehoff and Moorman, 1993](#)).

### *Psychological well-being at work*

There has been a plethora of studies in the area of PWB during the last three decades. Similarly, the conceptualization of PWB has been subjected to extensive research ([Dagenais-Desmarais and Savoie, 2012](#); [Ryff, 2014](#)). Several well-being measures have been developed by economists, psychologists, etc. Over time so as to guide many government and nongovernment organizations in the policy-making process. Human well-being can be defined as an observational assessment of a person's daily living conditions based on his ability and potential to live a good life in a particular society ([Dasgupta, 1995](#)). Ed Diener, a trailblazer in well-being research, regarded well-being as encompassing various aspects like greater positive affect, absence of negative affect, life satisfaction, etc. that involve the evaluation of one's life and emotional experiences ([Diener et al., 1999](#)).

Researchers have been using both context-specific and context-free measures of PWB while measuring organizational correlates. In fact, work is a life domain that can be distinguished from other life domains such as family, leisure, etc. A significant majority of individuals dedicate more than half of their waking hours to work. This sphere of the life has its own special characteristics that contribute to distinctive experiences apart from all other life domains. Context-free measures appear to be ill-suited for the organizational context, as

they may not adequately capture the complexities and realities of the workplace (Dagenais-Desmarais and Savoie, 2012). Besides, Warr (1990) has suggested the need to study both context-free and context-specific measures at the workplace. Moreover, researches have demonstrated the enhanced predictive ability of context-specific measures compared to context-free measures in the organizational setting (English, 2001). Psychological well-being at work (PWBW) refers to an individual's subjective experience of positive emotions and overall positive state while on the job (Dagenais-Desmarais and Savoie, 2012).

#### *Organizational citizenship behavior*

There has been an abundance of research on the concept of OCB and the related constructs such as pro-social behavior, organizational spontaneity, extra-role performance, etc. since the inception of the phrase OCB by Organ and his colleagues (Smith *et al.*, 1983) during the early eighties. Dennis Organ, considered as the father of the concept of OCB, defined this concept as something that is not specified by the organization and does not lead to formal reward system straightaway but ultimately leads to overall efficiency of the firm (Organ, 1988). Therefore, OCB can be interpreted as consisting of behaviors that fall beyond job specifications or contractual obligations and promote organizational performance or effectiveness. Different OCB frameworks describe OCB topology in several ways. One of the most accepted approaches distinguishes citizenship behaviors by their targeted beneficiary, i.e. towards organization, known as OCBO and towards individuals, known as OCBI (Williams and Anderson, 1991). OCBI, or OCB towards Individuals, can be defined as voluntary behaviors that benefit individuals within the organization. It encompasses acts of altruism and courtesy. On the other hand, OCBO or OCB towards the organization, is aimed at benefiting the organization as a whole. It includes behaviors such as civic virtue, conscientiousness and sportsmanship (Organ, 1997).

### **Review of literature and hypotheses formulation**

#### *OJ-OCB relationship*

As researchers recognized the impact of OCB on the effective functioning of organizations, they started exploring potential antecedents or factors that influence its occurrence. There has been a debate regarding fairness cognitions, suggesting that employees who perceive fair treatment are more inclined to hold positive attitudes towards their work (Folger and Cropanzano, 1998). Since then, researchers have tested this argument in different settings and contexts. Multiple studies have provided evidence supporting the social exchange theory by reporting positive correlations between OJ and OCB (Organ, 1990; Moorman, 1991; Jehanzeb and Mohanty, 2019). Organ (1990) proposed that this positive relationship between fairness perceptions and OCB stems from the process of social exchange. He viewed it as a shift in the organizational-worker relationship, transitioning from a purely transactional exchange to a social exchange based on mutual trust, reciprocity, and social norms. Thus, a citizen's decision to engage in extra-role behaviors may be a function of the level of his fairness perceptions. If the organization treats its employees in a fair manner and the management provides a fair work environment to them, then employees are likely to act according to the social exchange theory by performing more of citizenship behaviors. However, when employees perceive unfairness from the management or the organization, they may view such spontaneous behavior as exploitative and consequently restrict their engagement in such behaviors (Moorman, 1991). Perceived unfairness negatively impacts the organization as employees become reluctant to engage in extra-role behaviors and limit themselves to the performance of contractual duties and, in the worst situation, they may engage in different

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forms of counterproductive workplace behaviors such as fraud, theft, unpunctuality, etc. (Garg *et al.*, 2013). Therefore, we hypothesize.

*H1.* OJ has a positive effect on OCB.

#### *OJ-PWBW relationship*

The presence of OJ within a workplace can be associated with favorable impacts on the PWB of employees. When organizations provide support, it influences employees' overall affective responses to their job, well-being and positive mood (Rhoades and Eisenberger, 2002). Evidence suggests that employees may endure unfair procedures or unequal compensation, or tolerate retaliatory behavior if they perceive treatment with dignity and respect (Skarlicki and Folger, 1997). Previous studies in the field of well-being have demonstrated a direct and linear relationship between justice and health outcomes. Elovainio *et al.* (2002) demonstrated that the combination of high effort put into the work situation and a lower level of perceived fairness at the workplace can lead to a state of distress and eventually to health problems-self-rated health, psychiatric morbidity and sickness leave. In a nonorganizational sample survey, Grote *et al.* (2004) found that the role of fairness perception exists everywhere and can lead to psychological distress in any setting. As noted by the researchers, psychological disengagement is an outcome of perceived ethnic injustice, and it affected the performance of students in their studies. Lawson *et al.* (2009) discovered evidence supporting the connection between fairness perception and content-specific measures of employees' well-being (job satisfaction). But, they could not notice any significant deviation in the psychological health of employees as resulting from OJ. Rani *et al.* (2012) positively predicted life satisfaction as a consequence of fairness perceptions of Indian police employees. Similarly, Tesi *et al.* (2019) conducted a study and found evidence that high job demand can buffer the role of PWB of social workers. Indeed, numerous studies conducted across various disciplines consistently demonstrate that fairness perception can positively influence employee health and overall well-being. It is challenging to locate studies that comprehensively examine the intricate relationship between the various dimensions of PWBW and the different types of fairness perceptions. The complexity and multitude of factors involved make it a relatively understudied area of research. Therefore, we hypothesize.

*H2.* OJ has a positive effect on PWBW.

#### *PWBW-OCB relationship*

Research studies have suggested that employees who experience happiness are more likely to demonstrate altruism, empathy, and respect towards others. Additionally, they tend to feel more empowered and promote work engagement (Tesi *et al.*, 2019). Positive emotions have the ability to foster social connections and create an environment conducive to building and sustaining relationships. Research has shown that employees in good mood tend to produce more of output while unpleasantness creates a negative impact on productivity (Oswald *et al.*, 2015). In addition, it has been noted that positive feelings of workers reduce absenteeism and promote self-sufficiency, resiliency and optimism at the work situation. Similarly, happy employees have been found to be high in supervisor-rated performance (Peterson *et al.*, 2011). It has also been noticed that happy individuals are more energetic, cooperative and collaborative (Carnevale, 2008). Similarly, Mousa *et al.* (2020) found that happy employees are the greatest in keeping long term quality relationships and are more likely to engage in citizenship behavior. As observed by Byrne *et al.* (2003), employees who perceive their organization as socially responsible in providing a fair work environment are more inclined to involve themselves in extra-role activities, moving beyond their formal job responsibilities.

Moreover, they were more likely to experience a sense of well-being and exhibit a higher likelihood of remaining in the same organization.

The available literature on positive psychology suggests that positive factors such as good mood, happiness, subjective well-being and other positive attitudes among employees are associated with a greater likelihood of engaging in OCB within the organization. However, as compared to the association between employees' well-being and in-role performance, the relationship between employee's PWB and extra-role behavior has drawn little empirical research attention. In addition to this, measures of happiness and affective well-being focus quite a lot on the employees' hedonic experiences or short-term pleasures such as strong liking, positive beliefs about a particular situation, and so on. A more elaborate conceptualization of employee well-being can be made possible through the application of eudaimonic measures of well-being, which are more context-specific in essence. Therefore, we hypothesize that-

*H3. PWBW has a positive effect on OCB.*

The available literature shows that OJ, employee well-being and citizenship behavior are inter-related. Organizational environment, whether physical or psychological, always has a role in employee behavior and subsequent performance (Bangwal and Tiwari, 2018; Kundu and Lata, 2017). The reviews of literature consistently indicate that employees who perceived greater fairness within an organization were more likely to experience greater PWB at the workplace. This, in turn, has a positive influence on their engagement in prosocial behaviors. The perception of fairness acts as a catalyst, promoting both well-being and positive extra-role behaviors among employees. Therefore, we hypothesize.

*H4. PWBW mediates the positive association of OJ and OCB.*

## **Research method**

### *Research sample and procedures*

The present research aims to draw conclusive findings and provides a detailed description of the phenomenon under investigation using data collected at a single point in time. The study population consisted of all nurses employed in private hospitals within the State of Kerala. Primary data were collected from nurses working in different allopathic hospitals. Convenience sampling was employed after the population was stratified into distinct geographic regions: south, center, and north (Krishnan *et al.*, 2016). This zoning approach helps in organizing the data collection process and ensuring comprehensive coverage of the State's private hospital nurses. The decision to utilize convenience sampling within the delineated strata stems from the practical challenges associated with achieving a more systematic or random selection of participants. One district was selected from each zone based on the criterion of having the largest number of allopathic hospitals in the private sector. This selection approach ensures representation from areas with a high concentration of private hospitals in each zone. Again, four allopathic hospitals were randomly chosen from each district so as to obtain the desired sample size of respondent-nurses. Finally, the research survey was conducted through the distribution of Google forms among the nurses employed in those healthcare facilities (Table 1). The sample size required for the present study was determined through the performance of Power Analysis. In fact, separate Power Analyses were conducted for each test (i.e. correlation, regression and mediation), and the largest sample size obtained was selected as the basis of recruitment. To determine the appropriate sample size for the study, Monte Carlo Power Analysis and Version 3.1 of G power software were utilized (Faul *et al.*, 2009; Schoemann *et al.*, 2017). The sample size of the research study was 308. Microsoft Excel was utilized to transform raw data retrieved from Google Forms

Variable	Category	Frequency	Percentage
Age (in years)	20–25	219	71.1
	25–35	72	23.4
	Above 35	17	5.5
	<i>Total</i>	<i>308</i>	<i>100</i>
Gender	Male	56	18.2
	Female	252	81.8
	<i>Total</i>	<i>308</i>	<i>100</i>
Designation	Staff Nurse	240	77.9
	Nursing Supervisor	48	15.6
	Nursing Officer	20	6.5
	<i>Total</i>	<i>308</i>	<i>100</i>
Educational Qualifications	Diploma in nursing	124	40.3
	B.Sc. nursing	173	56.1
	M.Sc. nursing	11	3.6
	<i>Total</i>	<i>308</i>	<i>100</i>
Experience (in years)	1–5	219	71.1
	5–10	47	15.3
	Above 10	42	13.6
	<i>Total</i>	<i>308</i>	<i>100</i>

Source(s): Authors' work

**Table 1.**  
Demographic profile of respondents

into a format conducive to subsequent analysis. The encoded data were subsequently imported to the statistical package for the social sciences (SPSS) software for further comprehensive analysis. In assessing the reliability of the questionnaire, Cronbach's alpha was computed using SPSS. Finally, mediation analysis was conducted utilizing the SPSS PROCESS macro, as presented by [Preacher and Hayes \(2008\)](#).

The researchers have taken all possible measures to reduce response bias. Employing measures such as ensuring response anonymity or making confidentiality commitments can be considered as a successful approach to control social desirability bias ([Larson, 2019](#)). At the outset of the questionnaire, researchers explicitly stated that the identities of the respondents would be treated as confidential. In a written statement, the researchers explicitly stated that the data collected from nurses would be utilized solely for research purposes. This ensures that the information provided by the participants will be used exclusively for the intended research study and will not be disclosed or utilized for any other purposes. In addition, Harman's single-factor score technique was utilized to test for common method bias (CMB) as suggested by [Podsakoff et al. \(2003\)](#). It examines whether the unrotated factor solution of exploratory factor analysis accounts for variance in the variables. If a significant degree of CMB exists in the data set, it is expected that either a single factor will emerge or one general factor will account for the majority of the covariance among the measures. This indicates that the shared method variance influences the responses, potentially biasing the results. In the current study, it was concluded that CMB was not present, as the single factor identified accounted for only 26% of the variance in the measures, confirming that no single factor explained the majority of the variance.

## Measures

### *OJ scale*

The OJ Scale, as utilized in the present study, was initially developed by [Moorman \(1991\)](#), and then modified by [Niehoff and Moorman \(1993\)](#). Distributive justice, procedural justice and interactional justice dimensions constitute OJ scale. Respondents indicated their responses on

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a seven-point Likert scale, where one represented “strongly disagree” and seven represented “strongly agree.”

#### *OCB scale*

Nurses’ level of OCB was measured using two-dimensional scale, each consisting of eight items, developed by [Lee and Allen \(2002\)](#). The two dimensions reflect OCB towards individual (OCBI) and OCB towards organization (OCBO). The respondents provided their responses to these 16 items on a seven-point Scale (1 = never, 7 = always). Thus, the respondent-nurses were requested to indicate the extent to which the OCB ratings obtained through self-report measures described their actual citizenship behavior in the organizational setting.

#### *Index of PWBW*

PWBW was measured with the help of the PWBW Index (25 items) developed by [Dagenais-Desmarais and Savoie \(2012\)](#). Different items of PWBW were measured using a scale where one represented disagree and six represented completely agree. Employees’ feelings about the work situation were captured by using the scale that contains a range of statements. Respondents were asked to indicate the extent to which they agreed with each statement on the basis of their job experiences over the past four weeks. The PWBW Scale comprises of five components such as interpersonal fit at work (IFW), thriving at work (TW), feeling of competency at work (FCW), personal recognition at work (PRW) and desire for involvement at work (DIW), comprising of five statements each.

### **Results of analysis**

The results of the study included scale reliabilities, correlation co-efficients and mediation output. The results presented in [Table 2](#) show that all the latent variables are reliable as the measure of internal consistency is within the threshold-that is above 0.7, as suggested by [Shevlin et al. \(2000\)](#). In this context, it would be worthwhile to mention that mean values calculated for different dimensions of both OJ and OCB were relatively higher than mean values calculated for the specific aspects as well as the composite measure of PWB at work. However, the standard deviations calculated for facets of the studied variable were at a moderate level and fell within the range of 0.83 and 1.42. These lower values of standard deviations provide some indication about consistency in the nurses’ responses to various scale items relating to the studied variables. The results as given in [Table 2](#) show the correlations existing between the stated variables, i.e., between OJ and OCB, OJ and PWBW, and PWBW and OCB with significant values of 0.60, 0.65 and 0.75, respectively, thereby supporting [H1](#), [H2](#) and [H3](#). Similarly, all the dimensions of OJ, PWBW and OCB correlated with one another with a significance level of five percent. Upon a meticulous examination of the inter-correlation matrix, it becomes apparent that Interactional justice is highly correlated with PWB at work and OCBO. OJ and its dimensions had higher correlations with OCBO as compared to the correlations that existed between OJ and its dimensions with OCBI. Moreover, as compared to OCBI, OCBO has the higher correlations with PWB at work and its dimensions.

The total effect of OJ on OCB is shown in [Figure 1](#). Such total effect refers to the effect of OJ (predictor) on OCB when the mediating role of PWB is not present in the given model. When PWB at work is not present in the model, OJ happens to significantly predict OCB (i.e.  $b = 0.640$ ,  $p$  is less than 0.05).

It may be noted that mediation analysis was conducted with OJ as an independent variable, OCB as a dependent variable, and PWBW as a mediating variable with 5000 bootstrapping samples at five percent significance level. The results of mediation analysis



Variables	No. of items	Chronbach's alpha	DJ	PJ	IJ	OJ	IFW	TW	FCW	PRW	DIW	PWBW	OCBI	OCBO	OCB
Distributive Justice (DJ)	5	0.87	1	0.58	0.52	0.77	0.27	0.44	0.44	0.4	0.38	0.54	0.3	0.51	0.51
Procedural Justice (PJ)	6	0.8	1	1	0.73	0.88	0.28	0.35	0.39	0.44	0.43	0.54	0.29	0.49	0.49
Interactional Justice (IJ)	9	0.86	1	1	1	0.91	0.28	0.38	0.46	0.48	0.48	0.59	0.35	0.52	0.54
Organizational Justice (OJ)	20	0.91	1	1	1	1	0.32	0.45	0.5	0.52	0.57	0.65	0.37	0.59	0.6
Interpersonal Fit at Work (IFW)	5	0.81	1	1	1	1	1	0.46	0.33	0.16	0.22	0.6	0.25	0.37	0.38
Thriving at Work (TW)	5	0.79	1	1	1	1	1	1	0.58	0.46	0.36	0.78	0.45	0.54	0.62
Feeling of Competency at Work (FCW)	5	0.81	1	1	1	1	1	1	1	0.49	0.34	0.75	0.45	0.53	0.61
Perceived Recognition at Work (PRW)	5	0.78	1	1	1	1	1	1	1	1	0.42	0.71	0.34	0.56	0.56
Desire for Involvement at Work (DIW)	5	0.87	1	1	1	1	1	1	1	1	1	0.7	0.36	0.44	0.5
PWB at Work (PWBW)	25	0.89	1	1	1	1	1	1	1	1	1	1	0.52	0.68	0.75
OCBI	8	0.89	1	1	1	1	1	1	1	1	1	1	1	0.29	0.79
OCBO	8	0.91	1	1	1	1	1	1	1	1	1	1	1	1	0.81
OCB	16	0.89	1	1	1	1	1	1	1	1	1	1	1	1	1

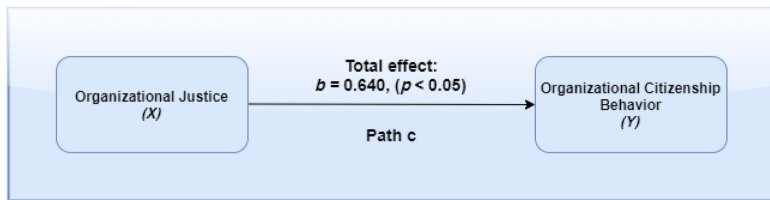
**Note(s):** \*All the correlation co-efficients are significant at 5 percent level  
**Source(s):** Authors' work

**Table 2.**  
 Correlation results for OJ, PWBW and OCB\*

have been visually demonstrated in Figure 2 and also presented in Table 3 and Table 4. In fact, the effects of (1) OJ on PWBW (Path a), (2) PWBW on OCB (Path b), (3) indirect effect of OJ and OCB (Path c') and (4) the total effect of OJ on OCB (Path c) were found to be significant as demonstrated in Table 3. The fact that the relationship between OJ and OCB gets significantly reduced when the PWBW enters, confirms the role of mediation (Baron and Kenny, 1986). As can be seen from Table 4, the Beta value for the indirect effect falls between 0.340 and 0.534. As the bias modified and enhanced bootstrapping confidence intervals at 95% level of significance of the indirect effect (OJ-PWBW-OCB) do not contain zero, it is statistically confirmed that the relationship between the constructs of OJ and OCB is mediated by PWBW. Thus, Hypothesis 4 relating to the role of mediation has been supported. The results of mediation analysis indicate that a partial mediation does exist as path c' is significantly different from zero.

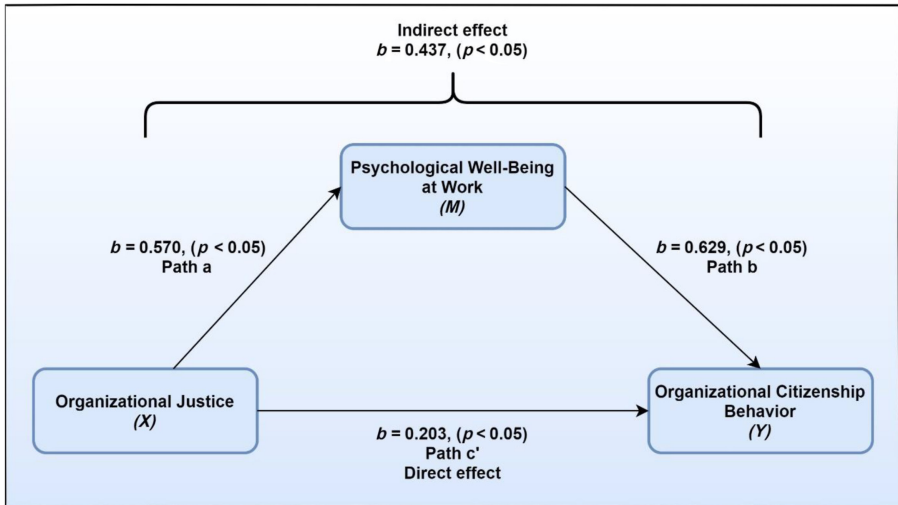
**Discussion**

Nurses constitute the backbone of the healthcare sector and are regarded as the custodians of human life. As highlighted in the introduction, a pervasive issue in the healthcare industry in Kerala, and beyond, pertains to the unfair treatment of nurses in private hospitals. In the



**Figure 1.**  
Total effect without mediation

Source(s): Authors' work



**Figure 2.**  
Indirect effect with mediation

Source(s): Authors' work

present study, attempts have been made to critically examine the direct and indirect effects of OJ on OCB with special reference to nurses employed in private hospitals in the State of Kerala. The seamless functioning of hospitals often necessitates discretionary activities from healthcare workers, contributing to the provision of quality healthcare and impacting the physical and mental recovery of patients, ultimately benefiting the hospital. The findings of the study broadly indicate that OJ or fairness perception of nurses has a notable impact on their engagement in citizenship behavior directly as well as indirectly through PWBW. This implies that nurses who perceive more of justice within an organization were more likely to perform OCBs than nurses who perceive a lower level of fairness. In addition, it was observed that the path of OJ through PWB at the workplace accounted for more of variance in OCB than the path of OJ alone. This indicates that employees primarily participate in extra-role behavior due to their inner feelings; therefore, their loyalty and dedication towards the organization would become more enduring and deep-rooted when these are caused by their inner psychological strengths. However, if they engage themselves in OCB only because of their perceptions of organizational support, it is likely to be relatively short-lived in nature (Seena, 2018). This finding aligns with previous research studies on citizenship behavior; for instance, Moliner *et al.* (2008) observed that PWBW, contingent on burnout and engagement, acts as a mediating variable between OJ and citizenship behavior directed towards customers.

The findings of the study have provided empirical evidence in regard to the conceptualization of OJ and OCB as a social exchange process. Social exchange theory assumes that people are rational-beings who assess the potential outcomes of their actions, considering the benefits and drawbacks (Blau, 1964). In the organizational context, employees perceive OJ as an implicit agreement between them and the organization: fair treatment fosters a sense of reciprocity. This, in turn, influences OCB, wherein employees engage in discretionary, positive and extra-role activities that contribute to the overall functioning and well-being of the organization. When employees feel that they are treated justly, they are more likely to reciprocate with enhanced OCB, viewing their extra efforts as a form of social exchange to maintain the perceived fairness within the organizational context. Thus, the relationship between OJ and OCB exemplifies a social exchange dynamic, where

Paths	Unstandardized regression		Standardized regression		<i>t</i> value	<i>p</i> value
	coefficients	SE	coefficients			
OJ-PWB (Path a)	0.570	0.037	0.653		15.11	<0.05
PWB-OCB (Path b)	0.766	0.059	0.629		12.99	<0.05
OJ-OCB (Path c)	0.640	0.048	0.603		13.23	<0.05
OJ-OCB (Path c')	0.203	0.051	0.19		3.95	<0.05

**Note(s):** \*All the standardized regression co-efficients are significant at 5 percent level  
**Source(s):** Authors' work

**Table 3.**  
Results of mediation analysis: Standardized and unstandardized regression coefficients\*

Path	Standardization	Indirect effect	Bootstrap SE	Bias-corrected confidence interval	
				Lower	Upper
OJ-PWB-OCB	Unstandardized	0.437	0.048	0.340	0.534
	Standardized	0.411	0.045	0.321	0.500

**Source(s):** Authors' work

**Table 4.**  
Results of bootstrapping of mediation model

fairness acts as a catalyst for employees to contribute beyond their formal role requirements, ultimately benefiting the organizational social fabric. This major research finding has been in keeping with the findings of many other research studies and further strengthens the predominant role of individual relationships over any material aspect of life (Organ, 1990; Moorman, 1991; Jehanzeb and Mohanty, 2019). As found earlier by Lee and Allen (2002), the outcomes of the current study also disclose that OJ is more closely associated with OCBO as compared to OCBI. Therefore, within the scope of the present study, it can be asserted that nurses do not manifest an intention to regulate their citizenship behavior towards individuals based on their perceptions of fairness. Indeed, it is noteworthy that in reality, the impacts of fairness perceptions are more prominently associated with OCB directed towards the organization rather than OCB directed towards individuals. This implies that a decrease in perceptions of justice is likely to result in diminished loyalty and commitment to the hospital, underscoring the principle of reciprocity, "you get what you give". The findings of the present study indicate that the perception of distributive justice exerts a more pronounced influence on the citizenship behavior of employees. Additionally, it was observed that procedural justice, pertaining to the process through which allocations are made, also has a discernible impact on OCB.

Besides, the research study indicated a significant relationship between OJ and PWBW. Previous research has convincingly demonstrated that when employees are treated fairly by their management or supervisors, it results in heightened PWB of workers. Employees develop more positive attitudes and exhibit acceptable behaviors on the basis of their positive perceptions about their workplace at the workplace (Colquitt *et al.*, 2005). Here, interactional justice, or the manner in which nurses are treated by their supervisors or managers, showed high correlation with their PWB. The research results clearly revealed the prominent role of procedural justice in influencing PWBW. Consistent with the findings of Rani *et al.* (2012), who suggested that equal freedom and opportunity to perform one's own duties and equal reward allocation minimize psychological distress, promote trust and ensure the retention of the employees for a longer period with greater job satisfaction. The findings allied to OJ and PWBW suggest the importance of fair pay, work and responsibility as well as the need for unbiased decision making and the need for nurses being heard by the management. Similarly, consideration from the side of hospital management such as treatment with kindness, respect and dignity is making impact on PWB of nurses. Elements such as dealing with nurses in a truthful manner, knowing their personal needs, discussing the implications, providing adequate justification, etc. have paramount importance while taking decisions as these are directly related with nurses' PWBW.

The research results obtained point to a positive relationship existing in the middle of PWB of nurses and their citizenship behavior. Nurses rated as having more of PWB were more likely to engage themselves in citizenship behavior. In addition, it has been previously confirmed that employees who are in a good mental state produce better results than employees with a negative mental state and tend to achieve lower work productivity (Oswald *et al.*, 2015). By transforming the hospitals into healthy workplaces by recruiting and retaining an adequate number of nurses, career satisfaction and job well-being can contribute to the organizational success with better patient care (Nayeri *et al.*, 2005). The fact that employees in good PWB condition display more of citizenship behavior can be attributed towards their prolonged or sustained good feelings. This may also be because employees with good feelings tend to see things positively with the result that organizational situations and co-workers are perceived as deserving more of discretionary assistance (Isen *et al.*, 1978). Considering nurses in hospitals, there is a perception that their additional efforts or services are highly valued by patients. As compared to the relationship between PWBW and OCBI, it was found that PWBW and OCBO had a higher correlation. Thus, PWB does not seem to be

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much affected by OCBI. The nurses' sense of accomplishment and fulfillment often makes them engage in both individual and organization-oriented citizenship behaviors. All these findings provide evidence for the basic proposition that happy employees tend to exhibit more of citizenship behavior.

In times of healthcare workforce shortages or medical emergencies such as pandemics, the adoption of citizenship behavior emerges as a crucial strategy for hospital management. This study affirms the significance of justice perceptions among nurses in private hospitals, asserting that these perceptions not only contribute to citizenship behavior but also impact the PWB of nurses. The findings underscore that a mere increase in nurses' salaries within private hospitals does not represent the optimal practice for enhancing PWB and citizenship behavior. Instead, a comprehensive approach is warranted, considering factors beyond monetary considerations, notably the manner in which hospital management and fellow employees interact with nurses. Factors such as resource allocation processes, decision-making protocols and interpersonal treatment are deemed crucial, with employees subjectively evaluating the fairness or unfairness of these activities.

### **Implications for managers and policy makers**

Healthcare workers are the vital resources of any country or region. In the present healthcare scenario, healthcare organizations have a great need for efficient healthcare professionals who need to pay complete attention to the patients so as to attain the vision of health policy-makers. The major implication of the present research is that managers or supervisors can very well influence the employees' well-being at work and their engagement in OCB. The managers can attempt to increase the employees' PWB through the fairness of their attitudes and behaviors towards employees. Fair procedures followed to achieve the outcomes, fair distribution of rewards, procedures and interpersonal treatment positively contribute to the intellectual prosperity of nurses. In fact, a strong relationship is found to exist between interactional justice and PWB of nurses. Therefore, to promote PWB among employees, there is an absolute need to treat employees with respect, sympathy and dignity, understand their personal needs and aspirations, and uphold their rights as a healthcare professional. Fair distribution of work and resources, transparency in procedures, open disclosure, effective and supportive interpersonal treatment, etc. will do the job for better PWB and citizenship behavior. Training programs may be organized by hospitals for managers and supervisors, especially on the concept and utility of sound human relations in a work situation. Research evidence has shown that a workforce with better PWB is an asset for any organization. Organizations should adopt a humane and rational approach towards their employees as it affects both their work productivity and well-being. Therefore, the hospital administration and policy makers must try to recognize and realize the importance of PWB of healthcare professionals, which is a paramount need of the present-day times. The healthcare system should be driven by the needs of patients and healthcare workers rather than the profit motive needs of the management.

The present study holds paramount significance, particularly in the aftermath of the recent global pandemic, COVID-19. This crisis underscored the remarkable courage exhibited by the healthcare workforce under challenging circumstances to ensure medical care for the afflicted. The world found itself unprepared for such a pandemic, revealing vulnerabilities in hospitals and nursing preparedness. This pandemic serves as a catalyst for instigating systematic preparations to address future events of a similar nature. Hospital management needs to address crucial components such as proper access to insurance, training and psychological rehabilitation in light of the lessons learned from the COVID-19 pandemic.

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Additionally, attention must be directed towards maintaining adequate staffing levels and implementing systematic shifts, recognizing that the healthcare profession demands round-the-clock commitment. It is imperative to alleviate the burden on healthcare professionals, thereby promoting their long-term well-being and health. This, in turn, enhances their resilience and capacity to deliver optimal healthcare outcomes.

### Limitations and directions for further research

The present research has certain limitations that should be acknowledged and interpreted in the light of scope for further research in the field. First, the research study was conducted among nurses employed in private healthcare settings only. Therefore, further research studies should test a similar model in other organizational settings such as medical institutions (except private hospitals) and also across geographical regions as this injustice situation is prevalent in many states in India. Second, since the research design followed for the current research is cross-sectional, longitudinal studies may provide more useful research results. It should be noted that the present research was carried out during the outburst of Covid-19 pandemic. Therefore, future studies can be conducted to examine whether the findings of the present research have been affected by the pandemic situation or not. Third, the current study was conducted with a sample size of 308 nurses and, thus, further segregation of these sample respondents on the basis of their demographic profile or characteristics has resulted in a minimum number of respondents in certain categories. Therefore, future research can be carried out with more representative samples from each category of nurses.

### Conclusion

This study elucidates the dynamics of social exchange relationships between OJ and OCB. It establishes that the PWB of nurses serves as a mediating factor in the connection between their perceptions of justice and their engagement in citizenship behavior. Within the contemporary healthcare landscape, characterized by complex challenges and heightened demand for quality patient care, healthcare workers emerge as indispensable assets for any nation. The present study underscores the critical importance of cultivating a work environment that not only promotes OJ but also recognizes the pivotal role played by the PWB of nurses. This holistic perspective emphasizes the symbiotic relationship between OJ, PWB, and the manifestation of citizenship behavior, offering valuable insights for the strategic management of human resources within healthcare organizations.

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**Corresponding author**

Mohamed Nisfar Changaranchola can be contacted at: [mohamedchangaranchola@commerce.du.ac.in](mailto:mohamedchangaranchola@commerce.du.ac.in)