

**Research Article**

Impact of socially responsible human resource management practices on citizenship behaviors of nurses with mediating role of job engagement: A study of public sector hospitals in Pakistan

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ABSTRACT

Based on the assumptions of Social Exchange Theory, this paper examines the influence of Socially Responsible Human Resource Management (SR-HRM) on two dimensions of Organization Citizenship Behavior (OCB) namely Organization Citizenship Behavior directed towards Individuals (OCB-I) and Organization Citizenship Behavior directed towards Organization (OCB-O). Structural equation modeling of data collected from 440 nurses working in tertiary care public sector hospitals of Punjab (Pakistan) revealed that job engagement fully mediates the relationship between SR-HRM and OCB-I, OCB-O. Further, SR-HRM and job engagement are also directly related to both OCB-I and OCB-O. The findings of this study highlights the importance of SR-HRM in stimulating positive work attitudes ultimately leading to extra role behaviors especially with reference to health sector and its employees who are currently facing lot of challenges worldwide due to spread of COVID-19 pandemic.

Keywords: *Socially Responsible HRM; OCB-I; OCB-O; Job Engagement*

1. INTRODUCTION

Health sector is one of the important sector encompassing wide spectrums of stakeholders ranging from policy makers to health care workers. Development of health sector has significant and positive effect on economic growth and job creation (International Labor Organization, 2022). According to World Health Organization, 2019 survey, the substandard care facilities given to patients results in 2.6 million deaths approximately (World Health Organization, 2019). For provision of health care facilities to patients, nurses are ranked second in importance to doctors (Ford, 2015), on the other hand, the time nurses spend with patients in the hospital is greater in comparison to other health professionals. Furthermore, intensive care patients spend 86% of their time with nurses in comparison to 13% time spent with doctors (Butler et al., 2018). Moreover, this time increases during overnight stay of patients in the hospital. Being on the front lines, nurses are the first to notice and respond in critical situation of patients. Their role becomes even more crucial due to multiple reasons in emergency situations like natural disasters, terrorists' attacks or

spread of pandemic e.g., during the spread of SARS outbreak, hospitals in affected regions experienced severe shortage of health care staff (Davidson et al., 2009), faced fear for their own safety, showed concerns for the welfare of their loved ones or pets, childcare issues, fear of contracting this disease from victims and fear of litigations (Balicer et al., 2010, Balicer et al., 2006, Davidson et al., 2009). Recently, the outbreak of COVID-19 worldwide also raised questions on the level of health facilities and non-provision of protective gears for frontline warriors i.e, doctors and nurses resulting in collapse of the health care system in many countries (Voice Of America, 2020, Blumenthal et al., 2020).

Nurses in Pakistan, either from public sector or private sector hospitals, face myriad of complex and multi-dimensional issues such as poor working conditions, inferior status, lack of incentives, unfavorable organizational culture, lack of a defined career path, etc (Khowaja et al., 2004). Unfortunately, despite the fact nursing profession is considered a prestige job and backbone of health care system all over the world, in Pakistan there is a stigma attached to the job and often considered an option for the low privileged class (Nia et al., 2016). This leads to poor quality of nursing services in health sector and ultimately resulting in dissatisfaction of the patients Khan & Jan (2015). Further, a total of 64,846 nurses from Punjab are registered with the Pakistan Nursing Council. As per WHO Global HRH strategy there is a requirement of 4.45 doctors, nurses and midwives per 1000 population, which translates into need of another 314,697 nurses and midwives in Punjab. Unless rectified, at the current production rate of 5,125 nurses and midwives per year, this deficit will only widen over the years. Moreover, the recommended doctor nurse ratio is 1:3 but Punjab standards at 1 doctor for every 0.69 nurse making the situation very bleak. Hence, it is important to retain and motivate this valuable resource of health care sector (Pakistan Today, 2018)

Research suggests that Organization Citizenship Behavior (OCB) is one of those variables which are essential in hospitals because special care and positive behavior of health care staff is required to take care for their patients. Various dimensions of OCB including citizenship behaviors towards individual (OCB-I) and citizenship behavior towards organization (OCB-O), all are pertinent for the health care workers (Osibanjo et al., 2020). In health sector when high level of citizenship behaviors are observed, it results in positive organizational atmosphere, increase in quantity and quality levels of caring, satisfaction of both patients and the personnel, a boost in team work and cooperative decision making, and finally an increase in efficiency and efficacy in the health system (Chu et al., 2005b).

Plethora of research is carried out to identify the antecedents of OCB among nurses and other professions around the world. Some of the common antecedents are individual traits, organizational fairness and procedural justice, motivational drives, job satisfaction, organizational commitment, role perception, leadership and employee age (Lok et al., 2007, Jahangir et al., 2004, Hannam and Jimmieson, 2002). One of the factor that has been shown to related to level of employee OCB is SR-HRM (Newman et al., 2016). Although previous studies have explored the relationship between SR-HRM and OCB (Newman et al., 2015) and SR-HRM and OCB-O (RUZAIN and ISMAIL, 2019), however, literature still lacks information regarding various processes by which SR-HRM as Uni-dimensional construct relates to two dimensions of OCB i.e., OCB-I and OCB-O. Further, there is a need to

elaborate on the mediating process by which SR-HRM influence OCB-I and OCB-O enabling to enhance research both theoretically and empirically in this area of research. Furthermore, most of these relationships have been studied in developed countries so there is a requirement to study these relationships in businesses or companies located in emerging countries which may have different implications or outcomes in varying environments and employing different contextual factors as SR-HRM. Hence, it's appropriate to conduct this study in a different contextual setting i.e., Public Sector Hospitals in Pakistan which may yield different results due to different infrastructure of hospitals, varying income levels of health professionals especially nurses as well as social and cultural differences. This could also verify or refute the results of previous study. Lastly, this study topic is very relevant and current due to prevalent health situation and grave challenges faced by the health sector in present time due to spread of pandemic of COVID 19. The findings of this study would further open the room for studying and analyzing varying contextual factors assisting health sector to better cope up with their challenges.

2. LITERATURE REVIEW

2.1. ORGANIZATION CITIZENSHIP BEHAVIOR (OCB)

Exhibiting behaviors beyond the call of duty are basically the “Extra Role Behaviors” and academically named as Organization Citizenship Behavior or Good Soldier Syndrome by (D. W. Organ., 1977). (Organ, 1988) defined it as

“Individuals' behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and in the aggregate promotes the efficient and effective functioning of the organization.”

The history of the concept of OCB dates back to the work of Chester Barnard in mid-20th Century (C.I.Barnard., 1938), afterwards (Katz, 1978) further elaborated the concept of coordinated efforts of individuals within organizations by claiming that without these innumerable cooperative efforts, the system of the organization would collapse. Later on, different researchers have addressed these positive work behaviors differently by naming them either pro-social organizational behavior (A. P. Brief. and S. J. Motowidlo., 1986), organizational spontaneity (J. M. George. and A. P. Brief., 1992), extra-role behavior (L. L. Cummings. et al., 1994), OCB (D. W. Organ., 1977) or contextual performance (W. C. Borman. and S. J. Motowidlo., 1993). Afterwards, (Williams and Anderson, 1991) proposed two-dimensional model of OCB:

Organization Citizenship Behavior Towards Organization (OCB-O)

Organization Citizenship Behavior Towards Individuals (OCB-I)

(Williams and Anderson, 1991) suggested that OCB can be studied in terms of behaviors directed towards individuals (OCB-I) versus those directed towards the organization (OCB-O). OCB-I is linked with altruism, courtesy, peacekeeping, and cheerleading efforts directed at individuals meaning thereby that OCB-I generally includes the helping and courteous behaviors. Organizational-level OCB is related to the benefit of the organization thus includes conscientiousness, civic virtue, and sportsmanship.

2.2. SOCIALLY RESPONSIBLE HUMAN RESOURCE MANAGEMENT (SR-HRM)

SR-HRM slightly differs from traditional HRM due to its focus on CSR addressing the interests of external stakeholders through involvement and engagement of internal stakeholders (Shen. J and Zhu. C.J, 2011). SR-HRM is developing as a useful term both at individual and organization levels being an extension and amalgamation of two fields of Social Sciences, Human Resource Management (HRM) and Corporate Social Responsibility (CSR). Being an extension of CSR, SR-HRM is inclined towards internal stakeholders', that is, employees who are the backbone of any organization and key to its success and are further categorized into three distinct segments incorporating a combination of various CSR based initiatives inclined towards employees, that is, Legal Compliance HRM (LC-HRM), Employee- Oriented Human Resource Management (EO-HRM) and General CSR Facilitation HRM (GF-HRM). LC-HRM ensures legal compliance of all legislations dealing with employees and their rights, adoption of such policies that address employees and their issues and creating such an environment where enabling and equal opportunity environment is created for all (Shen and Benson, 2014, Shen. J and Zhu. C.J, 2011) whereas EO-HRM goes beyond legal compliance and deals with the personal and family needs of employees by providing organizational support and justice at the workplace. Lastly, GF-HRM deals with the provision of CSR initiatives for all internal stakeholders, that is, employees. Hence, as per Shen and Zhu (2011) the firms following socially responsible practices at their workplaces not only ensure compliance of standard laws but they also go extra mile in investing in activities which are beneficial for employees as well as broader spectrum of stakeholders ultimately benefiting the society at large.

2.3. RELATIONSHIP OF SR-HRM WITH OCB-I AND OCB-O

Based on the assumptions of Social Exchange Theory (Homans, 1958), socially responsible behaviors perceived positively are reciprocated by depiction of citizenship behaviors both at individual and organization levels. In comparison, if SR-HRM initiatives and policies are negatively perceived by employees negatively then such negativity leads to anger, retaliation and by reciprocating such feelings in an exchange relationship results in harm to the organization in many respects. Hence, employees continuously are in process of evaluating the work environment created for them by their employer in the form of various SR-HRM practices and then decide how to respond and reciprocate such actions of the employer in an exchange relationship in the form of OCB-I and OCB-O.

Hypothesis 1a: Socially Responsible HRM (SR-HRM) is positively related to Organization Citizenship Behavior (OCB-I)

Hypothesis 1b: Socially Responsible HRM (SR-HRM) is positively related to Organization Citizenship Behavior (OCB-O)

2.4. RELATIONSHIP OF SR-HRM WITH JOB ENGAGEMENT

As per Aggarwal & Bhargava (2009), when an organization adopts HR practices which are interpreted positively by them then they reciprocate back accordingly with enhanced work-related attitudes and behaviors. Similarly, when socially responsible HR practices are

adopted then employees feel obliged to respond back with heightened engagement towards their organization. Prior empirical attempts have also explored that when employees perceive their organization as socially responsible towards them and other stakeholders, it generates positive attitudes and behavior in them which subsequently increase their productivity (Rupp et al., 2006). Hence, the following hypothesis can be raised for testing the relationship of SR-HRM with work attitude of job engagement in nurses.

Hypothesis 2: Socially Responsible Human Resource Management (SR-HRM) is positively related to Job Engagement (JE) in Public Sector

2.5. RELATIONSHIP OF JOB ENGAGEMENT WITH OCB-I AND OCB-O

Job Engagement relates to positive feelings which are depicted by engaged employees at workplace through their involvement in their work. Engaged employees are ready to respond positively in hard and difficult times even if their own wellbeing is at stake (Kahn, 1990). Job Engagement is a state of mind that is categorized further as vigor, dedication and absorption to the level of concentration and engrossment in one's work. As per Kahn (1990), engaged employees invest themselves more fully while at work in comparison to less engaged employees, so it is proposed that they should be more willing to step outside the bounds of their formally defined jobs and engage in acts that constitute OCB. Therefore, it is hypothesized that engaged individuals would tend to reciprocate OCBs benefitting colleagues with whom they have enjoyed workplace relationships (i.e., OCB-Is) along with developing sense of engagement through an organizational system of rewards and recognition, their reciprocation would be directed towards the organization as a whole (i.e., OCB-Os), hence, giving rise to following hypothesis:

Hypothesis 3a: Job Engagement (JE) is positively related to Organization Citizenship Behavior (OCB-I)

Hypothesis 3b: Job Engagement (JE) is positively related to Organization Citizenship Behavior (OCB-O)

2.6. JOB ENGAGEMENT AS MEDIATOR IN RELATIONSHIP BETWEEN SR-HRM AND OCB'S

It is suggested in literature that engaged employees are enthusiastic and are personally involved in the job, but contextual factors in the work environment are likely to influence the extent to which engaged employees choose to enact OCB-I or OCB-O. Previous studies have looked into CSR practices or HRM as contextual factor influencing various work attitudes and leading to increased positive outcomes for the organization. This study is taking into consideration SR-HRM as a contextual factor. Previously (Nishii et al., 2008) model suggests that job satisfaction may mediate the relationship between employees' attribution of HRM practices and OCB. Further, Newman et al., (2015), observed that organizational identification fully mediates the relationship with one of the dimensions of SR-HRM and OCB. Similarly, our review of literature suggests that contextual factors influences various work attitudes which in turn leads to positive organizational performance so Job Engagement being work attitude can be a mediator between the relationship of SR-HRM (Contextual Factor) and OCB (Outcome variable). As discussed

earlier, that due to multiple reasons its appropriate to study the relationship with two dimensions of OCB i.e., OCB-I and OCB-O due to diversity shown by employees in their reciprocal and exchanged relationship with fellow individuals or organization as a whole, hence, giving rise to following hypothesis:

Hypothesis 4a:- Job Engagement (JE) mediates the relation between Socially Responsible Human Resource Management (SR-HRM) and Organization Citizenship Behavior (OCB-I).

Hypothesis 4b:- Job Engagement (JE) mediates the relation between Socially Responsible Human Resource Management (SR-HRM) and Organization Citizenship Behavior (OCB-O).

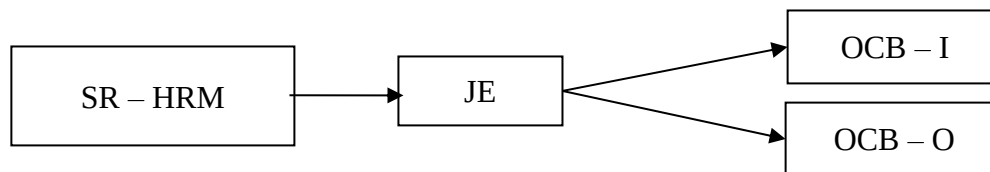


Fig. 1. Theoretical Model

3. METHODOLOGY

3.1. MEASURES

As the medium of instruction for education of nursing in Pakistan is English so it was assumed that respondents will have command in understanding and interpreting the questions in English. For calculating SR-HRM, the measurement scale of (Shen and Jiuhua Zhu, 2011) has been used having 13 items on a five point Likert Scale. In this current study, SR-HRM has been studied as a uni dimensional construct. Further, the mediating variable of Job Engagement is measured on 18-Item Scale developed by Rich, Lepine, & Crawford (2010). Lastly, 11 items are adopted from the scale developed by (Williams and Anderson, 1991) bifurcating OCB into two dimensional construct i.e., 5 items to measure OCB-I and 6 items to measure OCB-O.

3.2. DATA & SAMPLE

The empirical work consisted of collecting data from nurses working in Public Sector Tertiary Care hospitals of Punjab. Punjab is the largest and most populated province of Pakistan. Further, data is collected from nurses working in Tertiary Care Hospitals of public sector which also include teaching hospitals. Multi stage sampling technique is used in this current study. At first stage the whole province is divided into twelve district wise clusters where Tertiary Care Hospitals are located. From these twelve clusters Lahore is selected in first stage as all these hospitals are geographically dispersed in whole province and collecting data from all of them would exceed the financial and temporal cost of the study. Further, there is also relatively homogenous working environment in public sector hospitals of Punjab because all these hospitals follow the policies and guidelines provided by Government of Punjab, therefore in this study Lahore is chosen. Further, Lahore being the largest cluster with more than 38% of total hospitals in the province as 19 hospitals out of 49 is situated in Lahore. From these 19 tertiary care hospitals six hospitals are excluded

because they are specialized care hospitals (Child care hospital, cardiac care hospital, dental care hospital and burn units) and their nurses may not represent general population. From the remaining 13 hospitals in the second stage criterion sampling technique is used. Criteria was to select that tertiary care hospital where emergency situation and in current scenario pandemic of COVID19 was being treated.

For data collection, 550 survey questionnaires were distributed in printed form to nurses in five public sector hospitals of Lahore along with a covering letter requesting for voluntary participation for this research and assuring the respondents for keeping the responses confidential. The completed questionnaires were 440 (80% response rate). The relatively high response rate was achieved by formally obtaining the permission of data collection and for allowing the respondents to complete the questionnaires during their work time. After initial screening, 36 responses were dropped due to missing values, so 404 responses were selected for further data analysis.

3.3. CONTROL VARIABLES

All the respondents were female nurses. Demographic factors including age, marital status, education, experience, tenure in the organization, position/grade were controlled in line with the already conducted researches (Organ & Ryan, 1995). A dummy variable was used to measure age (where 0= 20 yrs or less, 1=20-24, 2=25-29, 3=30-39, 4=40-49, 5=50-59). Similarly, for marital status, 0 = Married and 1= Single were used. Further, education of nurses is coded as 0 = 16 years, 1 = 18 years, 2 = PhD, 3 = any other. Job experience and Job Tenure are measured as continuous variables in number of years and months respectively. Dummy variables were also added to control position/grade of nurses in the public sector hospitals where 0 = Grade 11-13, 1 = Grade 14-16, 3 = Grade 17 and above, 4 = others.

3.4. DESCRIPTIVE STATISTICS

All the respondents were female nurses and the data was more skewed towards the age bracket of twenty and thirty years i.e., 253 responses were received from the nurses of this age group. Further, descriptive analysis reveals that 51.3% respondents were married whereas 45.7% respondents possess 16 years of education. It was also revealed that 26.3% respondents were either pursuing higher research degrees or has completed their education in research programs. Moreover, 310 respondents were representing grade 14-16 level nurses.

4. ANALYSIS & RESULTS

In this study, for hypothesis testing two step approach was followed. Firstly, measurement model was validated and then structural model was assessed by employing PLS-SEM. Internal consistency and reliability was evaluated through traditional method of Cronbach's alpha. The Cronbach's alpha values for JE =0.954, OCB-I = 0.895, OCB-O = 0.852 and SR-HRM is 0.893 which are in acceptable range of greater than 0.7. Further, convergent validity is assessed by outer factor loadings of indicators and AVE (Hair Jr et al., 2017, Hair et al., 2017). Factor loadings of all the variables were in acceptable range i.e., Values greater

than 0.50 is considered significant for factor loadings as per rule of thumb whereas value greater than 0.707 is considered ideal (Matthews et al., 2018). The values of Average Variance Explained AVE of all the constructs is 0.5 as it's the rule of thumb that at least fifty percent of the variance of the indicators should be explained by latent variables. Table 1 represents the reliability and convergent validity of latent variables.

Table 1. Reliability and convergent validity of latent variables

latent Constructs	Cronbach Alpha	Composite Reliability	Average Variance Extracted
JE	0.954	0.959	0.565
OCB-I	0.895	0.926	0.758
OCB-O	0.852	0.899	0.691
SR-HRM	0.893	0.913	0.511

Fornell-Larcker method is used to determine discriminant validity of a construct which depicts that there is high level of variance with its indicators compared to its correlation with another construct (Hair Jr et al., 2017, Hair et al., 2017). This method uses square roots of AVE and in this current study, square roots of AVEs were greater than correlations thereby established adequate discriminant validity.

Table 2. Discriminant Validity as per Fornell-Larcker Criteria

latent Constructs	JE	OCB-I	OCB-O	SR-HRM
JE	0.752			
OCB-I	0.409	0.871		
OCB-O	0.396	0.771	0.831	
SR-HRM	0.435	0.283	0.243	0.715

For further assessment of a structural model, coefficient of determination R^2 is calculated and rule of thumb suggested by (Cohen, 2013) was adopted according to which values between 0.02 and 0.12, 0.13 and 0.25, and greater than 0.26 are considered as small, medium and large, respectively. In this current study, for JE, the R^2 value was 0.189, which falls under the category of medium. It means that 18.9% variance in JE is caused by the predictor variable SR-HRM whereas OCB-I has 18.1% whereas OCB-O had 16.3% variance due to the predictor variable.

Table 3. R^2 and Q^2 Values

Criterion variables	R^2	Size	Stone-Geisser Q^2	Predictive Relevance
JE	0.189	Medium	0.105	Yes
OCB-I	0.181	Medium	0.129	Yes
OCB-O	0.163	Medium	0.096	Yes

As suggested by Stone-Geisser Q^2 (Stone, 1974, Geisser, 1974) that predictive relevance of reflective outcome variables in a structural model is required to determine the percentage of variance caused in the endogenous variable by all the exogenous variables. For calculating the value of Q^2 , blindfolding technique in PLS-SEM is used and as presented in Table 3, all the values are above zero, which is establishing the predictive relevance of the model with respect to every criterion variable.

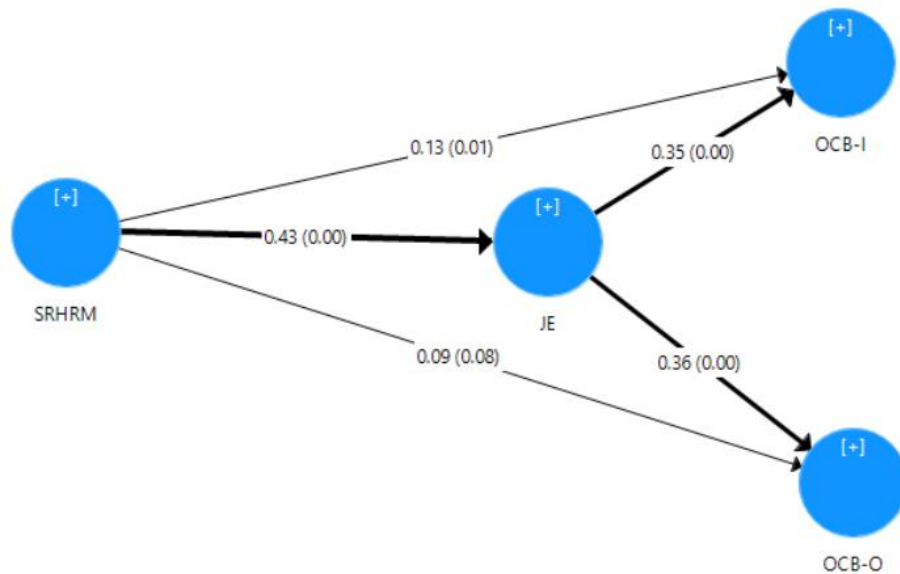


Fig. 2. Structural Model for relationship between variables

The effect size of F^2 value is measured to overview that how much criterion variable is influenced by predictor variable. Table presents the values of F^2 of variables and its influence keeping in view the acceptable range of values of F^2 which according to benchmarks in literature: F^2 of 0.02 and above is considered small, 0.15 and above is considered moderate, and 0.35 and above is considered substantial (Hair Jr et al., 2017, Hair et al., 2017)

Table 4. Path coefficients and effect size (F^2)

Hypothesis	Path	Coefficients	T-Value	95% BCa-CI		F^2
				5%	95%	
H.1a	SRHRM → OCB-I	0.111	1.86	.011	.209	0.017
H.1b	SRHRM → OCB-O	0.132	2.052	.024	.233	0.007
H.2	SRHRM → JE	0.433	7.447	.326	.522	0.233
H.3a	JE → OCB-I	0.323	5.565	.22	.413	0.123
H.3b	JE → OCB-O	0.300	5.123	.192	.389	0.124

Table 4 and 5 exhibit the results of direct and mediation relationship testing conducted in PSL-SEM. The acceptance or rejection of hypothesis depends upon the results of the significance test which statistically infers if the coefficient is significantly different from zero. Analysis of values reveals that all the hypotheses are accepted meaning thereby that all the independent variables have both direct and indirect relationship with outcome variable.

Table 5. Results for mediation analysis for Public Sector

Hypothesis	Path	Coefficients	T-Value	95% BCa-CI	
H.4a	SRHRM → JE → OCB-I	.14	4.404	.092	.196
H.4b	SRHRM → JE → OCB-O	.13	4.056	.08	.184

5. DISCUSSION

The findings of the present study indicate that job engagement fully mediates the influence of SR-HRM on OCB-I and OCB-O. In addition, SR-HRM and job engagement are also directly related to OCB-I and OCB-O. The exchange relationship how SR-HRM

influences the willingness of employees to engage in OCB that directly benefits the organization is better explained by the assumptions of social exchange theory. More precisely, public sector tertiary care hospitals engaged in socially responsible human resource practices were found to lead nurses to develop higher levels of job engagement and reciprocate by displaying OCB-I and OCB-O that benefits the organization. Total six hypotheses were formulated to test the relationship between predictor and criterion variables including direct and mediating relationships. The software of PSL-SEM for hypothesis testing and SPSS of descriptive statistics were employed and results of hypothesis testing reveal that all formulated hypothesis are accepted.

These findings are in line with the (Kundu and Gahlawat, 2016) who observed that there are positive relationships between SR-HRM practices on employees' work-related attitudes. Further, there are also studies conducted on the effect of SR-HRM on extra-role helping behavior of employees (Shen and Benson, 2016), the findings correlate with the current findings. Contrary to previous research (RUZAIN and ISMAIL, 2019), this study has found direct and indirect relationship between SR-HRM and OCB-O. The results primarily explains that by implementing socially responsible practices such as equal opportunities in HRM, compliance with the labor laws, appointing staff to implement general CSR activities and others such socially responsible practices lead to supportive work environment and high trustworthy relationships between employees and management which ultimately inclines the employees to reciprocate such relationship by engaging in their work and also encourages them to work beyond their designated job roles.

As already discussed earlier that there are limited studies that have tested the relationship of SR-HRM with two dimensions of OCB i.e., OCB-I and OCB-O (RUZAIN and ISMAIL, 2019). Previously (Gahlawat and Kundu, 2018) and (Newman et al., 2016) have studied this relationship but has used OCB as one-dimensional construct being a broad concept and with different mediating variables i.e., work motivation, job satisfaction and organizational identification. Keeping in view the importance of OCB for nurse's attitudes, behaviors, the findings of this study are valuable theoretically and practically.

Health care systems are continuously experiencing new changes and facing complex challenges especially worldwide spread of COVID-19 pandemic has badly exposed the weaknesses of this sector. It is believed that if employees of hospitals possess higher level of OCB then there would be better chance for retention of employees and being proactively responsive to changing needs (Chu et al., 2005a, Wang et al., 2013). Further, on one side overall health sector is itself important and on the other side, extra role performance of key human resource of health sector i.e., nurses is mandatory (Liu et al., 2017). Hence, the findings of this study propose SR-HRM being strong contextual factor which can help in positively influencing the citizenship behaviors of nurses in public sector hospitals. The findings of this study are in line with the study conducted by (Fu, 2013) in Taiwan on the relationship between the engagement and OCB in employees who emphasized that HRM practices may enhance the process of engagement in work and OCB.

In turbulent environment and hectic situation in hospitals arose due to prevalent pandemic, there are chances that nurses may become stressed and demotivated but such

extraordinary condition require voluntary helpful behaviors by nurses to cope up with this challenging situation. At this time nurses not only require voluntary, helping and courteous behaviors of their fellows (OCB-I) but hospitals as a whole require extra role behaviors (OCB-O) by these front line warriors. Hence, investing in SR-HRM practices and policies not only make the nurses fully present and involved in their work but consequently lead to increased levels of OCB-I and OCB-O which ultimately positively affects nurses attitudes, behaviors and interactions in providing best quality health care services (Nawaz et al., 2021)

As per research and practical importance, nurses make the largest and one of integral human resource capital in health care sector making them that category of employees for whom policy makers should devise favorable policies on priority (Dall et al., 2009). As discussed earlier, there is shortage of this valuable resource in Pakistan so investing in such policies and practices are inevitable in Public sector hospitals having major burden and responsibility of catering health care needs of public at large which can ultimately help in attracting, motivating and retaining nurses. Further, health care sector in any country is one of the most important sector as it influences other areas as well. Previous research has predicted Pakistan to be among top five most populous country in coming years thus pressure of health sector especially public sector hospitals will drastically increase hence timely measures and constructive steps are inevitable to be taken and most important is to invest in human resources. Keeping in view the results of this study, it is asserted that SR-HRM should be regarded as an important tool in engaging employees, which consequently, will lead to extra-role behavior that can contribute to a better performance outcome. Therefore, to enhance the engagement among employees, organizations should first excel in SR-HRM practices including enough training and advancement opportunities to employees, workplace safety and health, protecting employees from layoff, fair promotions, and wages, and work-life balance are among the critical areas that should be focused by the organization (Turker, 2018).

5.1. THEORETICAL AND PRACTICAL CONTRIBUTIONS

The current study makes significant theoretical contribution to the HRM literature. It has extended the HRM literature by exploring the effects of SR-HRM on OCB with mediation of Job Engagement and providing empirical evidence for this relationship. Further, this study builds on previous work that has treated OCB as a single dimensional construct in relationship of SR-HRM and OCB (Gahlawat and Kundu, 2018, Newman et al., 2016) instead it has used dimensions of OCB i.e., OCB-I and OCB-O in examining the relationship.

This study also contributes to work attitudes literature by shedding light on mediating role of Job Engagement as work attitude in relationship between SR-HRM and OCB-I and OCB-O. Furthermore, this study responds to recent calls for research in the field of SR-HRM and dimensions of OCB (RUZAIN and ISMAIL, 2019).

It is post pandemic era and the time when whole world especially developing countries must realize the importance of health care workers and devise strategies to address their issues. The results of this study implied that SR-HRM should be regarded as an important tool in engaging employees, which consequently, will lead to extra-role behavior that can

ultimately contribute to a better performance outcome. SR-HRM also provides a roadmap to the organizations for the implementation of CSR practices that are envisioned to achieve higher employee performance with an increase in employees' work attitudes. Organizations need to formulate and implement appropriate SR-HRM policies and practices as they not only are essential for the successful implementation of external CSR programs, but also increase Job engagement. This in turn, will result in more positive employee work behaviors such as OCB-I and OCB-O.

6. LIMITATIONS & SUGGESTIONS FOR FUTURE RESEARCH

The data for this study is collected from nurses working in Public Sector Hospitals in Punjab so results of this study may not be generalizable to private health sector or in other provinces of Pakistan, so in future this study may be replicated in private health sector and other provinces of Pakistan as well to get the holistic view. Another limitation of this study is to be cross sectional in nature. Longitudinal data may help in further addressing the issue of any biased responses. Moreover, health sector was under lot of pressure when data for this current study was collected due to prevalent third wave of COVID -19 in Pakistan i.e., March 2021 to May 2021 and burden on nurses in public sector hospitals increased manifold being front line warrior so there could be some recency error bias in perception of nurses regarding some item in scale keeping in view the prevalent situation. Hence, the study may be replicated in similar settings in post pandemic era to determine any variation in perception of nurses regarding the constructs measured in current study.

7. CONCLUSION

This study investigated the relationship between SR-HRM and two dimensions of OCB i.e., OCB-I and OCB-O with the mediating impact of job engagement on this relationship. It was observed that job engagement mediated the relationship between SR-HRM and both dimensions of OCB. Further, SR-HRM also has direct relationship with OCB-I and OCB-O. These findings suggest that social exchange theory is able to explain that how SR-HRM benefiting internal stakeholders influences them to engage in citizenship behavior going beyond their assigned job roles. These findings provide the foundation for future research in this area so that these issues may further be systematically investigated.

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