



Original research article

Nurses' voice behaviour: an empirical study in Malaysian public hospitals

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Abstract

Nurses' voice behaviour (VB) in public hospitals must be supported, researched, and continuously exposed. Best practices discovered and adapted in hospitals that prevent unprofessional behaviour help to progress healthcare provision. This research paper reports antecedents such as leadership styles, psychological safety (PS), and intrinsic motivation (IM) roles in manoeuvring nurses' VB in public hospitals, which is primarily uncultivated. Head nurses assisted in distributing and collecting the self-administered questionnaires from chosen significant Malaysian public hospital nurses. This yielded 366 complete and valid survey responses. A partial least squares structural equation modelling (PLS-SEM) assisted with the test for direct and indirect effects between the variables. The study found no evidence of PS and leader-member exchange (LMX) in encouraging nurses' VB. Empowering leadership (EL) and nurses' IM were found to influence VB. Stakeholders in public hospitals will benefit from the empirical findings presented in this paper by better understanding the efforts of nurses in championing workplace innovation through a lively voice. Nurse managers and other leaders may use this research paper as a foundation to gauge their hospital practices, make significant reforms, enhance workplace culture, provide better treatment, and run publicly financed hospitals with the utmost trust.

Keywords: Intrinsic motivation; Leadership styles; Malaysia; Nurses; Psychological safety; Voice behaviour

Introduction

Regardless of the units nurses work in, their participation and active involvement are required for public hospitals to progress toward providing continuous modern services to the general population. These are improvement benefits that the people residing in a country will enjoy since tax revenues finance the public hospitals' activities. The participation of nurses can come in various forms. Indeed, the nurses' work-related knowledge and experiences are significant in forming differentiated thoughts. These help to develop strategies for improving government-funded public hospitals' persistent quality, reaching and sustaining the international standard of healthcare provisions. People all over the globe speak about their current living surroundings, which are complex and challenging; thus, constant innovation is the remedy in every aspect of living, including the provision of business and services. Therefore, continuous dialogue and inquiry are critical to addressing direct and indirect issues promoting or delimiting innovation. Similar thinking should apply to non-business organisations, such as hospitals, gaining momentum in global talks. In principle, nurses' innovation capabilities are paramount in managing healthcare services and mitigating administrative responsibilities.

Nurses may initiate operational or strategic-level directives for the hospitals by sharing knowledge and experiences gained through daily interactions with their patients and other stakeholders. Nurses always have the choice to speak out or remain silent. Nurses also may choose not to voice their concerns about transgressions within the workplace, systems and structure, innovative hospital practice, and other effective behaviours. In that case, it may significantly jeopardise public hospitals' standard operations. Or suppose the nurses decide not to be actively involved in sharing views and grievances; this will dramatically reduce the opportunities for problem identification, planning and organising resolutions, implementation and continuous evaluations. These are necessary to prevent declining workplace productivity and induce performance that meets or surpasses the uppermost expectations in healthcare services (Kim and Ishikawa, 2021). In addition, there are circumstances where hospital administrators often put off making bold choices. This hinders the improvement of departmental work execution and the sustainability of the hospital's overall effectiveness (Hussain et al., 2019). Without active voice behaviour, they would gradually suffer from a work environment that embodied a culture of negligence and ignorance in correcting misconduct and occupational and safety dilemmas. Therefore, the hospital's management has to foster nurses' frequent support in sharing their beliefs, learned

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experiences and opinions while executing their mandatory day-to-day tasks, attempting to satisfy the stakeholders' interests, and achieving the hospital's mission while fulfilling the national aspirations of healthcare services. Dedication to forming an open system that encourages dialogue and inquiry will lead to enhanced voicing.

Investigating voice behaviour (VB) is garnering increasing attention from various fields. There are a variety of perspectives, features, and definitions available for people to get closer to the notion of VB. It refers to voicing concerns and thoughts to better a situation (Morrison, 2014) and facilitating hospital services innovation following the advancement in the healthcare industry. Scholars (Dyne et al., 2003) view spoken communication as a vehicle for change that can alter situations that would otherwise remain unchanged. Verbal behaviour is usually considered promoting or inhibiting (Botero and Van Dyne, 2009). In an organisation, promoting VB encourages employee proposals for improving work processes and related systems, and cultivating it at all levels will ensure reciprocity (Kakkar et al., 2016). Nevertheless, when adjustment and new work norms are required, it might create an unpleasant situation for those who prefer to maintain the status quo (Chen et al., 2018; Cheng Chieh Lu and Lu, 2020; Ilyas et al., 2021; Morrison, 2014).

Engaging in a prohibitive VB indicates that nurses are concerned about the working environment and its potential risks and are willing to voluntarily participate in reversing the risks with solutions. Self-leadership and a sense of belonging mark the character of a person involved in a prohibitive voice. Actions associated with a promotive voice heighten creativity, innovation, and efficiency while decreasing workplace errors (Morrison, 2014; Van Dyne and LePine, 1998). Behaviour inconsistent with a person's function or a disregard for the responsibilities associated with their assigned position may result in unfavourable financial compensations and loss of career advancement opportunities (Van Dyne and LePine, 1998). Therefore, nurses unable or willing to face adverse personal and work situations may opt not to participate in VB. This problem has to be judged by the internal stakeholders of the respective hospitals on an ongoing basis. The best techniques need to be learnt and put into practice in hospitals serious about reducing malpractice, aiming to create harmonious work settings while raising professional integrity to increase healthcare provisions that ensure human welfare without any relinquishments. Knowledge sharing across borders, and perhaps within the healthcare services, expedites the identification of outstanding antecedents that support VB through empirical findings, which is the paper's primary aim.

Antecedents of nurses' voice behaviour

According to the findings of past research, an empowering leadership (EL) style (Jung et al., 2020) has a significant role in ensuring that nurses can constructively voice their ideas or even disagreements (Hsiung, 2012; Jada and Mukhopadhyay, 2019; Yan, 2018). However, many scholars advocate that additional work is necessary to uncover apparatuses in leadership styles that impact the VB of nurses and other employees (Engemann and Scott, 2020; Lam et al., 2018; Morrison, 2014; Mowbray et al., 2021). Additionally, nurses must have assurance from hospital leadership that expressing their ideas will not result in unfavourable outcomes. If we want all nurses to feel at ease and make appropriate VB the norm at any hospital, we must have clear guidelines, standard procedures, and work principles. Proper enforcement, regular monitoring, and review are also essential. The role of hospital leaders is crucial in

encouraging a culture that induces high commitment to volunteerism and VB (Morrison, 2014). As a result, we can presume, with the support of relevant evidence, the positive influence of EL on the VB of nurses.

A good organisational culture can flourish when exceptionally inspiring leaders are in place. Studies have shown that a leader's behaviour may significantly affect their relationship with their subordinates (Liu et al., 2017; 2021; Su et al., 2017). The preliminary research report highlights the mechanism linking the leader-member exchange (LMX) and various behavioural outcomes (Wang et al., 2016). Employees who have a deep connection to their organisation are more likely to go above and beyond in their work because they want to repay the organisation for the opportunities it has given them. VB is an unconventional character type, but with a better practice of LMX, it's far less challenging to bring to life (Song et al., 2017). When an LMX is strong, employees feel more comfortable speaking out because they know their leaders will back them up. The LMX hypothesis suggests strong ties between superiors and subordinates and is being constantly researched in multiple fields (Graen and Uhl-Bien, 1995).

Psychological safety (PS) is not having to worry about being mocked, ostracised, or scolded due to one's beliefs or behaviour (Clark, 2020). A psychologically secure environment consistently facilitates ideas and actions inside an organisation, particularly in team-level incidents (Edmondson and Lei, 2014). This is of utmost importance in the administration of public hospitals. PS in healthcare environments leads to better patient care by motivating nurses to disclose findings on errors and engage in continuous quality healthcare upgrading activities (O'Donovan et al., 2021). Before voicing their opinions publicly, members of the team who provide helpful feedback about the hospital's performance carefully consider the implications of their words and deeds. They are concerned that others might misunderstand or be reluctant to accept their suggestions for improvements. These concerns are typical in establishments that do not foster an environment conducive to free discussion and investigation.

On the other hand, employees frequently make erroneous assessments regarding whether or not it is safe to speak up (Dutton et al., 1997). Even if they are protected and encouraged to speak up, nurses will likely remain mute rather than actively engage in VB since they are puzzled by the advantages and disadvantages. Their attitude towards VB changes when they find evidence that it is harmless to voice, and most importantly, they are secure in their actions. (Detert and Edmondson, 2011; Svendsen et al., 2018). Nurses are more likely to open up and discuss their issues if they trust their colleagues and the environment. Because of this, hospitals must have a regulatory system and facilities to safeguard their nurses' psychological care. While not a novel idea, it is essential to remember that a psychologically secure workplace is one where people can focus on their jobs without worrying about the opinions of their coworkers affecting them personally or professionally (Kahn, 1990).

Individuals are strongly driven by a desire to take on and master new challenges (Ryan and Deci, 2000). Motivated people perform their duties out of genuine interest and enjoyment of the work (Conchie, 2013; Ryan and Deci, 2000). Self-determination theory proposes that a sense of autonomy, competence, and relatedness promotes intrinsic motivation, contributing to a better work environment and increased employee satisfaction (Ryan and Deci, 2000). Recently, intrinsic motivation (IM) is a notion of motivation that has gained prominence as a significant predictor that enables employees

to engage in problem-solving processes during their employment. Leaders who empower their staff, delegate authority, allow workers a say in critical business decisions, and trust their abilities to complete challenging tasks with minimum supervision (Ahearne et al., 2005).

Therefore, leaders who enforce delegation and empowerment help to build a more robust IM. Leadership that inspires its followers tends to delegate more decision-making authority to those under them, sharing pertinent information, praising those who take the initiative, stressing the importance of individual goal setting, and offering a supportive process that motivates their followers to achieve those goals. Besides, it is considerate to give everyone a say in collective choices. When nurses are trusted to take charge of their workloads and hold themselves accountable for the results of their efforts, they are more likely to develop a sense of innate drive and positive work commitments. Hospitals that place a premium on VB are more likely to give their nurses a platform to demonstrate their expertise and initiative. Moreover, empirical research has revealed direct and indirect associations between intrinsic motivation and positive voicing behaviour (Conchie, 2013; Vadera et al., 2013; Wu et al., 2019).

The literature review supports the continuous need to study the antecedents of VB. Many variables can influence VB, but the following variables, EL, LMX, PS, and IM, are deemed suitable. The existing literature could be enriched by conducting empirical research on Malaysian nurses concerning the four antecedents of VB. The specific aim of the study is to test the direct effects of the selected variables on VB. The outcome of similar research findings is not available nor visible in the research databases. Research may be carried out elsewhere in different contexts in Malaysia but not published and thus unavailable for review and reference. The study's research framework aligns with the social exchange theory (SET) and LMX theories. As scholars have proposed, one of the most extensively utilised theoretical frameworks in management and related fields like sociology and social psychology is SET (Cropanzano et al., 2017). Social exchange occurs when people willingly provide and receive advantages from one another (Blau, 1964). Human interaction refers to the dynamic between people and their environment. In SET, inclusion and exclusion profoundly affect individuals' worldviews and behaviours. Knowledge transfer happens through human connection (Scott et al., 2013). If we assume that people have an intrinsic need to interact with and benefit from others, then social cohesiveness among employees is essential for a healthy and productive work environment.

Material and methods

Study design

The findings reported in this paper are from a cross-sectional study. It aims to collect data from an appropriate sample to develop a quantifiable relationship between the predictor variables (EL, LMX, PS and IM) and the outcome variable (VB) among nurses working in public hospitals in Malaysia.

Participants

Staff nurses working at seven public hospitals in Klang Valley, the urban conglomeration of Malaysia, from the medical, surgical, paediatric, and orthopaedic wards voluntarily participated in the survey. All participants were selected randomly to ensure adequate responses and protect the researchers' ethics. Hospitals located in the Klang Valley were appropriate

since they are among the largest and best-equipped in Malaysia – and are the areas with the highest population densities. The availability of a well-developed and simplified sample size decision table (Krejcie and Morgan, 1970) helped the researchers decide on the required sample. The population is 7,446 registered nurses; 367 responses are the minimum requirement for sample size calculation. Considering factors that might reduce the response rate, the sample size increased by 10%. The adjusted sample size of the study is 408. Head nurses distributed self-administered questionnaires to the staff nurses, recording 366 valid responses, which accounts for an 89.71% response rate. The nurses working in public hospitals in Malaysia all have nursing licences issued by the Malaysian Nursing Board.

Instruments

Multiple-item survey instruments were examined and selected for use in this research. Thus, the adapted constructs did not rely on single-item scales in the measurement model. EL was measured using the instrument developed by Ahearne et al. (2005), which consists of a 12-item scale that corresponds to four dimensions (3 items per dimension): (1) enhancing the meaningfulness of work (Cronbach's $\alpha = 0.89$), (2) fostering participation in decision-making (Cronbach's $\alpha = 0.86$), (3) expressing confidence in high performance (Cronbach's $\alpha = 0.85$), and (4) providing autonomy from bureaucratic constraints (Cronbach's $\alpha = 0.79$). The Multidimensional Leader-Member Exchange (LMX-MDM) was used in this research since it is a well-established scale widely used to determine the quality of LMX (Sasaki et al., 2020). Using subordinates' perspectives, researchers (Liden and Maslyn, 1998) developed the LMX-MDM construct, which consists of 12 items (Cronbach's $\alpha = 0.92$) measuring four dimensions (3 items per dimension): (1) Affect-interpersonal attraction and liking of the dyad member (Cronbach's $\alpha = 0.86$), (2) Loyalty – support anticipated from the other dyad member (Cronbach's $\alpha = 0.80$), (3) Contribution – extraordinary efforts by each dyad member in achieving work goals (Cronbach's $\alpha = 0.66$), and (4) Professional Respect – knowledge, skills, ability, and competencies acknowledgement by dyad members (Cronbach's $\alpha = 0.84$).

A 7-item unidimensional scale (Cronbach's $\alpha = 0.79$) to evaluate PS, developed by Edmondson (1999), is another validated and reliable survey instrument adopted for the research. The tool measures the degree to which individuals feel psychologically safe to speak their minds since the organisation encourage dialogue and debates for constructive feedback. IM was measured using three items (Cronbach's $\alpha = 0.76$) adapted from the work of Amabile (1985) and Tierney et al. (1999) that can gauge the nurses' passion and enjoyment towards their profession, encouraging them to participate in workplace innovation voluntarily. Finally, VB was measured using the six-item scale (Cronbach's $\alpha = 0.95$) created by Van Dyne and LePine (1998). Sample measurement questions are "I make recommendations to my supervisor concerning issues that affect my work", and "I speak up and encourage others in my work unit to get involved in issues that affect our work".

For the final survey form, we utilised a five-point Likert scale, with '1' representing "strongly disagree" and '5' expressing "strongly agree". Approval was sought and received from the instruments' original creators. The final section of the survey inquired about the respondents' personal information: age, gender, ethnicity, marital status, years of experience, and department. Before collecting data, three professionals checked the final survey form for accuracy and completeness.

Data collection

A cross-sectional survey design, with information gathered using a standardised, self-reported questionnaire, was suitable for this study. The researchers utilised a drop-and-pick strategy, leaving surveys at designated public hospitals and retrieving them after completion. The head nurses and matrons distributed the questionnaires to the nursing staff. Hospital research is restricted, and other data collection methods have proven impractical or unacceptable. A week later, we followed up with the liaison. Within two weeks, the heads of nursing and matrons received the completed surveys. In all, 366 replies with a response rate of 89.71 % were considered valid and used for analysis.

Data analysis

Researchers cleaned the data (managing blank responses, coding, and categorising) and compiled the descriptive statistics using the software SPSS version 26. This study used PLS-SEM (partial least squares structural equation modelling) to test for direct effects. The latest version of SmartPLS 4.0 software assists in generating the statistical requirements to fulfil the research purposes.

Ethical concerns

The Malaysian Medical Research Ethics Committee sanctioned this study to involve seven different hospitals in the Klang Valley (approval number NMRR-15-129-25990). Before completing the survey, the selected participants signed an informed consent form. In addition to giving participants confidence that their responses would remain private, the survey questionnaire briefly outlined the study's aims and mentioned any necessary instructions. The researchers only communicated with the hospitals' head nurses throughout the survey to adhere strictly to the requirements stated in the research approval letter. Direct communication with the respondents is not allowed to avoid interruptions at the workplace.

Results

Demographic analysis of the respondents

The respondents comprised 358 females (97.8%) and eight men (2.2%). It is consistent with traditional norms that females make up most of the nursing workforce; however, in recent years, more men have shown an interest in the nursing profession and entered the field. The bulk of the sample (46.7%) comprised respondents between 20–29, accounting for 171 of the total respondents. Those between the ages of 30 and 39 were the second largest age group, accounting for 28.7% of all responses. 42 respondents were between 40 and 49 (11.5%), and 48 were between 50 and 59 (13.1%). 331 respondents identified as Malay, making up 90.4 % of the total sample. The bulk of the survey participants were Malays. The largest group [266 respondents (72.7%)] were married, followed by unmarried [99 (27%) respondents]. The least frequently occurring marital status was widowed (0.3%). The largest group of respondents had work experience that ranged from 2–5 years, accounting for 26.8% of the sample (98 respondents). 72 respondents (19.7%) had work experience that ranged from 6–10 years, and 64 respondents (17.7%) had work experience of more than 21 years and above. In addition, 15.6% of respondents (57 people), had 11–15 years of professional experience. 55 respondents, or 15% of the total, had employment experience that was one year or less. The re-

spondents with 16–20 years of work experience comprised the lowest group (20 total, 5.5% of all respondents). According to these statistics, most nurses working in public hospitals have significant professional experience, which is consistent with the requirements of Malaysian Nursing Board regulations. When responding to the survey, respondents indicated that they belonged to general-medical (100 nurses = 27.3%) and general-surgical (98 nurses = 26.8%) departments. There were 68 replies from the paediatrics department, making up 18.6% of the total, and 56 respondents from the orthopaedics department, making up 15.3%. The obstetrics and gynaecology (O & G) department had the fewest respondents, accounting for just 12%, or 44 of the total respondents.

Table 1. Profile of the respondents

Description	Frequency	%
Gender		
Male	8	2.2
Female	358	97.8
Age		
20–29 years	171	46.7
30–39 years	105	28.7
40–49 years	42	11.5
50–59 years	48	13.1
Ethnic group		
Malay	331	90.4
Chinese	10	2.7
Indian	21	5.7
Other	4	1.1
Marital status		
Single	99	27.0
Married	266	72.7
Widowed	1	0.3
Years of work experience		
<1 year	55	15.0
2–5 years	98	26.8
6–10 years	72	19.7
11–15 years	57	15.6
16–20 years	20	5.5
21 > years	64	17.5
Department		
General Medical	100	27.3
General Surgical	98	26.8
Paediatrics	68	18.6
Obstetrics & Gynaecology	44	12.0
Orthopaedic	56	15.3

Measurement model

General guidelines and rules (Hair et al., 2017) assist in analysing Cronbach's Alpha (CA), Composite Reliability (CR), and Average Variance Extracted (AVE). CA and CR scores (see Table 2) are well above the threshold value of 0.70, indicating that the constructs are reliable, and the factor loadings were all found to be more than 0.708 (see Fig. 1). Additionally, the AVE values are more than 0.50 (refer to Table 2). Consequently, the constructs' reliability and validity have converged. Likewise, discriminant validity was assured by investigating the Heterotrait–Monotrait Ratio (HTMT), which revealed values lower than 0.90 (Table 2). Based on the statistical evidence, the measurement model is suitable for testing the research assumptions.

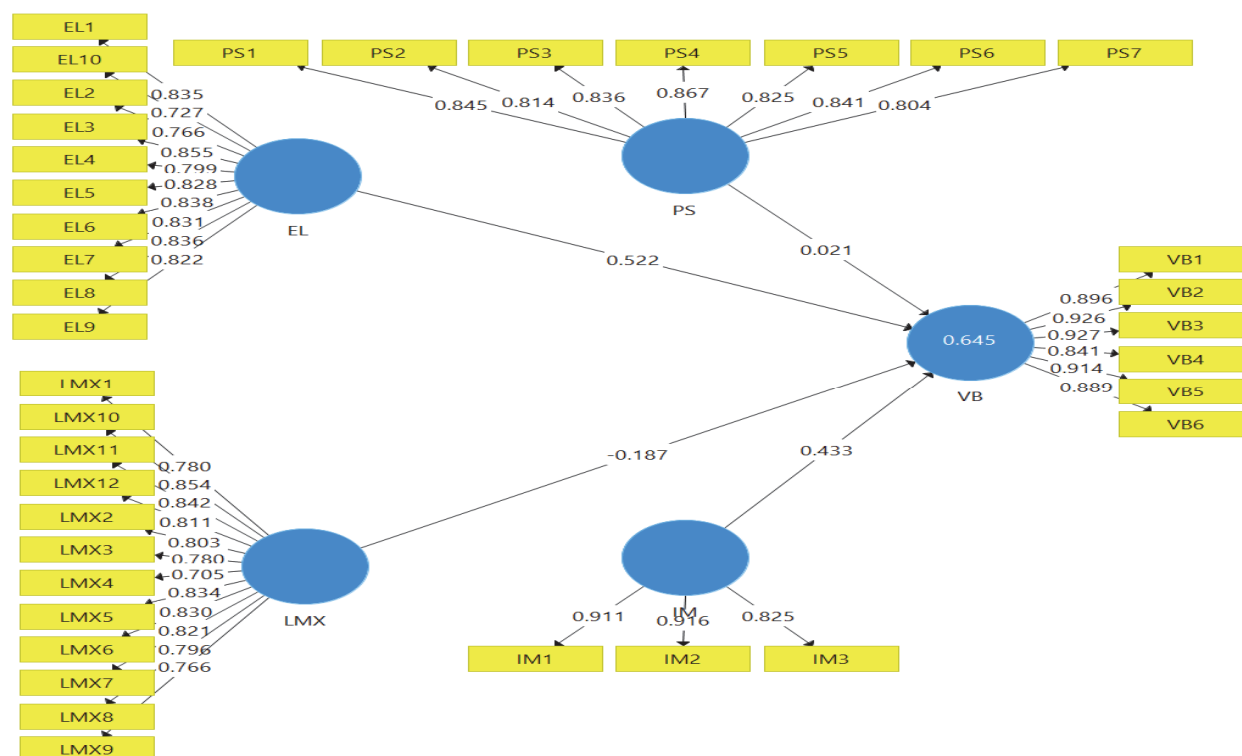


Fig. 1. Measurement model

Table 2. Reliability and validity test results

Construct	Reliability and validity			Discriminant validity: heterotrait-monotrait ratio			
	CA	CR	AVE	1	2	3	4
1. Empowering leadership	0.943	0.952	0.663				
2. Leader-member exchange	0.860	0.915	0.783	0.363			
3. Psychological safety	0.950	0.956	0.646	0.857	0.416		
4. Intrinsic motivation	0.927	0.941	0.695	0.642	0.478	0.757	
5. Voice behaviour	0.953	0.962	0.809	0.761	0.195	0.694	0.734

Note: CA – Cronbach's Alpha; CR – Composite Reliability, AVE – Average Variance Extracted.

Structural model

Concerning the recommendations of Kock (2017), no issues are suggesting common method bias (CMB) since the variance inflation factor (VIF) values (low = 1.262, high = 2.921) (see Table 3) are within the recommended ($VIF \leq 3.3$) threshold values. Safeguarding against collinearity issues between the constructs is vital before performing a latent variable analysis in the structural model. The VIF value helps put forward any collinearity issues. The test result showed that VIF values (see Table 3) were less than 5.0, indicating no problems concerning collinearity. In addition, the skewness (± 1.96) and kurtosis (± 7) were within the generally accepted threshold value and ready to fit into the PLS statistical technique.

Structural model assessments aim to determine the relationship between the constructs (independent and dependent variables). Bootstrapping in PLS is a nonparametric test that comprises repeated random sampling with replacement from the original sample to produce a bootstrap sample and to attain standard errors for hypothesis testing (Hair et al., 2017). The bootstrapping procedure generated results for each path relationship and helped to make decisions on the direct effects.

T-statistics for all paths were obtained using the SmartPLS bootstrapping function to identify the significance levels. The bootstrapping was set to 0.01 significance level, one-tailed test, and 5,000 subsamples. The one-tailed test's critical value (t -value) for a significance level of 1% ($\alpha = 0.01$) is 2.33. Based on the assessment of the path coefficient (see Table 4), EL ($\beta = 0.519$, t -value = 9.380, $p < 0.01$) and IM ($\beta = 0.434$, t -value = 9.087, $p < 0.01$) significantly influence VB of nurses, and thus the proposed direct effects paths (P1 and P4) accepted. Meanwhile, the proposed path analysis for P2 ($\beta = -0.194$,

Table 3. Collinearity statistics (VIF)

Construct	Voice behaviour (VB) VIF values	CMB	Collinearity
EL	2.921	No issue	No problem
LMX	1.262	No issue	No problem
PS	2.555	No issue	No problem
IM	1.985	No issue	No problem

t -value = 4.574, $p < 0.01$) is significant, but the relationship between LMX and VB is negative. Thus, the proposed path (P2) is not acceptable for this study since it does not support the findings in the literature review that indicate a positive relation-

ship between LMX and VB. The statistical result for path-P3 ($\beta = 0.020$, t -value = 0.300, $p > 0.01$) is insignificant, indicating no association between PS and VB of nurses. Fig. 2 shows the structural model of the study.

Table 4. Results of the path analysis (direct effects)

Path	Relationship	Std Beta	Std. Dev	t -value	p -values	BCI LL	BCI UL	Decision
P1	EL $\rightarrow$ VB	0.519	0.055	9.380	0.001	0.428	0.611	Accept
P2	LMX $\rightarrow$ VB	-0.194	0.042	4.574	0.001	-0.261	-0.122	Reject
P3	PS $\rightarrow$ VB	0.020	0.066	0.300	0.382	-0.092	0.126	Reject
P4	IM $\rightarrow$ VB	0.434	0.048	9.087	0.001	0.351	0.509	Accept

Note: ** $p < 0.01$, t -value > 2.33 (based on one-tailed test), BCI = Bias corrected, UL = Upper level, LL = Lower level.

Table 5 shows that all the exogenous constructs (EL, LMX, PS and IM) explained 64.5% ($R^2 = 0.645$) variance in VB of nurses in the Malaysian context. The R^2 value between 0.50–0.75 indicates the model's goodness-of-fit is moderate. The analysis of effect size using the f -square value guided the decisions (effect size: > 0.02 is small; > 0.15 is medium; > 0.35 is large), showing that PS have no effects on VB. In other constructs (EL, LMX and IM), effect sizes are small to medium (see Table 5). In terms of the Q^2 values from the blindfolding procedure utilising SMART-PLS, the models have good predictive relevance ($Q^2 = 0.512$).

Table 5. Models fit test

Exogenous construct	R-square endogenous construct	f-square effect size	Q-square endogenous construct
EL	Voice behaviour (0.641: Moderate)	0.257 (medium)	Voice behaviour 0.512: Good predictive relevance
LMX		0.083 (small)	
PS		0.001 (no effect)	
IM		0.264 (medium)	

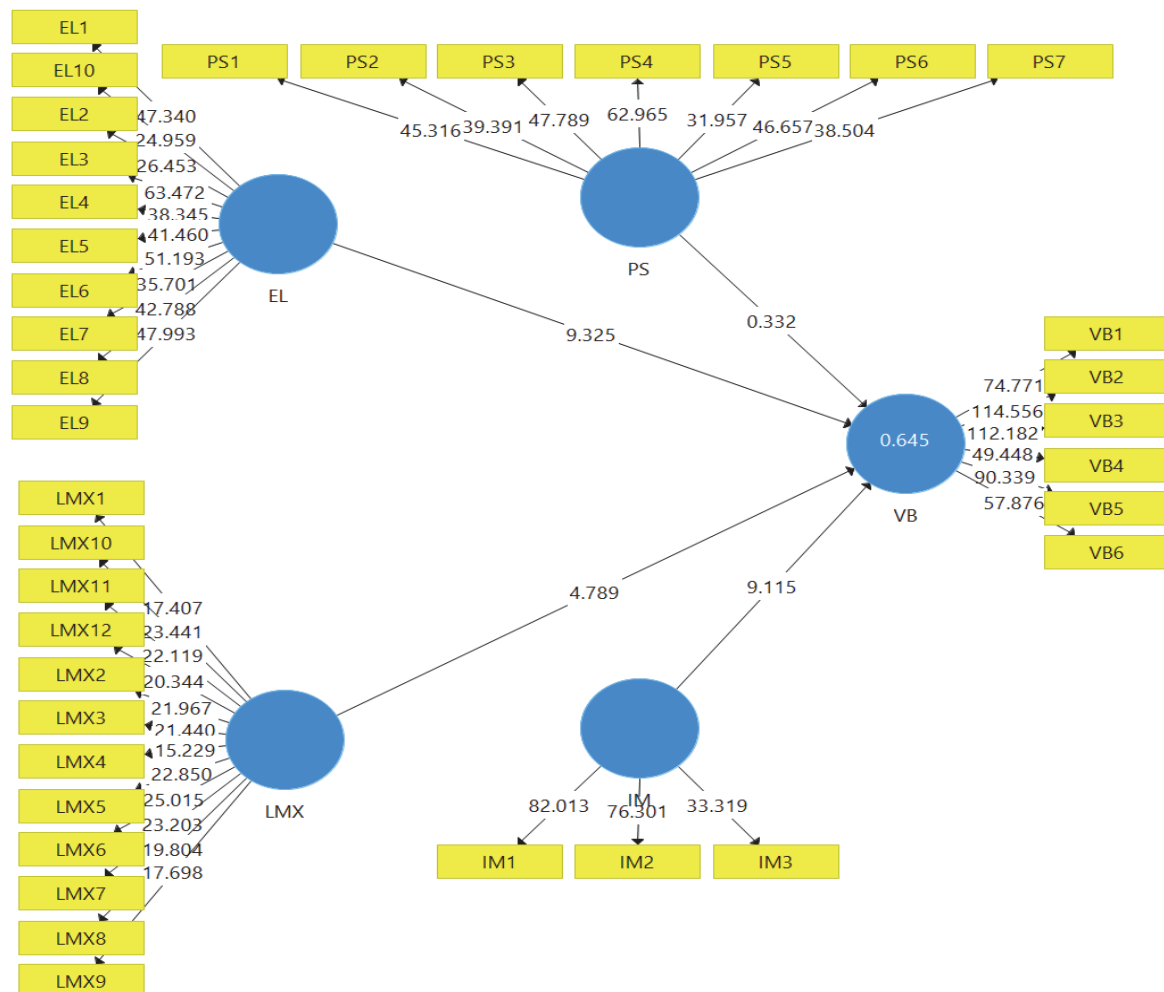


Fig. 2. Structural model

Discussion

The second part of the twentieth century saw a meteoric rise in academic attention toward employee voice behaviour. Regular constructive feedback using the formal or informal approach increases the chances of resolving problems promptly. Researchers have uncovered various vocal behaviours in several contexts, including official grievance procedures and whistle-blowing. According to many experts, voice behaviour enables meaningful actions that help to mitigate simple to complex issues (Chen et al., 2018; Kim and Ishikawa, 2021). In addition, nurses' ease with voicing concerns and making suggestions varies widely (Ilyas et al., 2021). The value of voice behaviour among nurses is constantly a talking point in many forums, seminars, conferences, etc. Indeed, the empirical findings from different nations and hospitals help strengthen the antecedent that promotes the health practices of voicing while reducing knowledge gaps. In this paper, we report on research results that use sample nurses from Malaysian general hospitals to research their patterns of voice behaviour and the roles of leadership styles, perceived psychological safety, and inherent motivation in encouraging voice behaviour. The research findings indicate that empowering leadership and nurses' intrinsic motivation are enabling factors to induce progressive voice behaviour.

On the other hand, although the leader-member exchange and psychological safety are essential dimensions, in our findings, these two constructs do not significantly influence nurses' voice behaviour. The association between leader-member exchange and voice behaviour was negative but statistically significant. Based on the theoretical underpinnings and empirical views, this study is consistent with earlier reports (Hsiung, 2012; Jada and Mukhopadhyay, 2019; Lam et al., 2018; Morrison, 2014; Yan, 2018) that support the strengths of empowering leadership in influencing voice behaviour. Leaders who cultivate the empowering leadership style tend to trust employees' capabilities, and thus, it gives them more confidence to participate in voice behaviour. The findings are consistent with studies that have revealed encouraging links between innate motivation and voice behaviour (Conchie, 2013; Wu et al., 2019). Employees in any organisation need intrinsic and extrinsic rewards that help to reach a quality of work-life. There are chances that public hospital nurses prioritise job satisfaction and pleasure in providing quality services with less focus on external rewards. It is good to see that Malaysian nurses who participated in the survey enjoy engaging with their daily tasks and are high in self-efficacy, self-motivated, and self-directed. Again, this indicates that in nursing, passion comes first, followed by other internal factors, including leadership, innovative work culture, and strong peer relationships.

Through our observation, nurses with professional nursing education and training from Malaysia have proven competent in meeting the job demands. Indeed, nurses being professionally skilled enables them to fulfil professional obligations (Kee et al., 2021; Lyman et al., 2020). In addition, nurses working for public hospitals in Malaysia are primarily permanent employees under the Ministry of Health and empowering leadership is a norm. In this situation, nurses are intrinsically motivated to be involved in voice behaviour. The readiness to perform in supportive environments made them not worry about building psychological safety and superior leader-member exchange. The outcome of this research goes along with scholars (Gigol, 2020) who observe that equality practices boost employee cooperation and productivity. Lyman et al. (2020) and

Kee et al. (2021) alluded that nurses who have successfully completed the professional nursing programme can adapt to challenging work situations. Indeed, the findings of this study concur with the similar claims of scholars. In addition, it is fascinating to learn that nurses employed in the government hospitals in Klang Valley of Malaysia can easily communicate their feelings, emotions, observations, and rationality to the person concerned. Professional maturity, supporting leaders and leadership styles, and progressive work relationships are probably the other elements that help to strengthen the person-job-fit and person-organisation-fit. Ultimately, mutual benefits are reached with more confident voice behaviour.

The findings of this study show the significant role played by the Ministry of Health, Malaysia, in regulating the hospital, assuring quality and prioritising the importance of the professional development of nurses through various bodies. Credit also goes to the respective hospitals for providing a supportive environment that enriches the nurses' work life. It entails stronger self-leadership among nurses. Perhaps deep leader-member exchange is not seen as crucial in encouraging positive voice behaviour among Malaysian nurses who participated in the survey. Indeed, the research findings reported in this paper support the claims that nurses work in an environment that recognises empowerment. It heightened internal motivation more than commonly urged specific bonding between leaders and members to increase positive behavioural reinforcement (Chen et al., 2018; Duan et al., 2017; Lee et al., 2021). The modern nursing practice may involve a holistic network of relationships rather than sustaining goodness through voice and specific partnerships between employees and employers labelled as leader-member exchange (Carnevale et al., 2017; Graen and Uhl-Bien, 1995; Van Dyne et al., 2008). Nurses seem to comprehend their leaders' emotions, and professional respect and interactions are happening. Nurses are more likely to speak and contribute fruitful work-related change and developmental strategies when empowering leadership to override the leader-member exchange. Studies have shown that the leader-member exchange concept supports job performance outcomes (Botero and Van Dyne, 2009; Carnevale et al., 2017; Graen and Uhl-Bien, 1995). But in the present case, we believe empowering leadership style has more substance in performance sustainability through promotive voice behaviour at the healthcare centres. The earlier claims that psychological safety entails more voice behaviour (Bienesfeld and Grote, 2014; Brinsfield, 2013; Xue et al., 2020) are inverse in the present case. The body of knowledge expands with different research outcomes, which helps guide future researchers.

Generalisation of the research outcomes is possible, and they can be applied to similar hospital capacities and other healthcare centres with several limitations. The SET and LMX theories are helpful for future researchers who may plan to study voice behaviour and associate antecedents. Since traditionally, public hospitals' operations are known to be bureaucratic, we encourage future research to explore private hospital settings or even attempt to make comparisons. Multiperspective voice behaviours are encouraged for deeper explorations since the area is increasingly challenging, evolving, and of substantial importance for strategic personal and institutional growth.

Limitations

The findings of this study indicate that intrinsic motivation is more effective than psychological safety for nurses to participate in voice behaviour. And that empowering leadership is also required for voice behaviours to materialise. However,

there are a few limitations to this cross-sectional study. The head nurses distributed the survey instrument to the respondents. Thus, there was no direct contact with the responding nurses (but as stated in the approval letter, this is the only way to perform the study). The respondents were from Klang Valley, Kuala Lumpur. The large hospitals with different work environments might have influenced the nurses' responses. Future research should include urban and rural hospitals and different sizes of hospitals (based on bed capacity) to confirm the antecedents of voice behaviour. Only four variables are analysed to impact nurses' voice behaviour. Future research should test other predictors, such as goal clarity, ethical leadership, learning culture, emotional labour, emotional intelligence, and spirituality, that could promote professional voice behaviour. Qualitative approaches and mix-methods can be a better approach to triangulating the findings. Specific analysis of hospital departments will help identify and provide remedies. Thus, a longitudinal study is the best choice.

Conclusion

This research aims to anticipate the antecedents of nurses' voice behaviour in Malaysian public hospitals that are yet to be exposed in depth. Reciprocity among the internal stakeholders of a hospital will result in behaviours that are advantageous to human thinking and triumph for the organisation. The reality of a supportive work environment with an empowering leadership style and above-modest intrinsic motivation helps to provide the general public with above-normal service provisions. At the same time, it shows the carefulness in managing hospital services that the government fully funds. As a result, hospitals must ensure the emotional well-being of their nurses. When a hospital prioritises its nurses' (and other employees) mental health, it shows the importance given to an individual quality of work life. Continuous competencies development among nurses through professional learning networks nurtures the inner dynamism of nurses, which encompasses deep self-confidence, self-leadership, self-esteem, caring behaviour, and humanity, leading to sustainable voice behaviour. Every-

body should be able to see and use the policies, processes, and guidelines that formally encourage open communication and inquiry. These can assist nurses of any experience level (from new graduates to seasoned veterans) in overcoming the doubts that often plague their profession. While making the necessary adjustments will take a lot of work, the benefits will be well worth it.

Conflict of interest

The authors have no conflict of interest to declare.

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Authors' contributions

The authors contributed equally to the research concept, design, intellectual content, literature review, data collection, data analysis, and manuscript writing. TJ organised approval and distributed the survey. NKS proofread the final manuscript. The authors were accountable at each stage of the research and approved the final version of the paper.

Data availability

The analysed datasets generated during the study are available from the corresponding author upon reasonable request.

Ethical considerations

The Medical Research Ethics Committee Malaysia (NMRR-18-3915-44371-IIR) approved the research, allowing the researchers to perform the study at the respective hospitals. The nurses' participation was voluntary, and we ensured the confidentiality of their personal information.

Hlasové chování sester: empirická studie v malajsijských veřejných nemocnicích

Souhrn

Hlasové chování (Voice Behaviour, VB) je definováno jako proaktivní chování, které se snaží ovlivňovat stávající stav s cílem dělat konstruktivní změny. VB sester ve veřejných nemocnicích musí být podporováno, zkoumáno a musí být neustále zřetelné. Osvědčené postupy objevené a upravené v nemocnicích, jež zabraňují neprofesionálnímu chování, pomáhají urychlit poskytování zdravotní péče. Tento výzkumný článek se zabývá oblastmi, jako jsou styly vedení, psychologická bezpečnost (PS) a role vnitřní motivace (IM) při managementu hlasového chování sester ve veřejných nemocnicích, které je primárně nekultivované. Vrchní sestry asistovaly při distribuci a sběru dotazníků, které si samy vyplnily od vybraných sester z významných malajsijských veřejných nemocnic. Získáno bylo 366 úplných a platných odpovědí v průzkumu. Pro vyhodnocení dat byla využita metoda Partial Least Squares Structural Equation Modelling (PLS-SEM) pro test přímých a nepřímých vlivů mezi proměnnými. Studie nenašla žádné důkazy vlivu o PS a výměně vedoucích členů (LMX), které by podpořily VB sester. Bylo zjištěno, že Empowering Leadership (EL) a vnitřní motivace sester ovlivňují VB. Zainteresované strany ve veřejných nemocnicích budou mít prospěch z empirických zjištění prezentovaných v tomto článku tím, že lépe porozumí úsilí sester podporovat inovace na pracovišti prostřednictvím VB. Manažeři sester a další vedoucí pracovníci mohou tento výzkumný článek použít jako základ pro hodnocení nemocniční praxe, provádění významných reforem, zlepšování kultury na pracovišti, poskytování lepší léčby a provozování veřejně financovaných nemocnic s maximální důvěrou.

Klíčová slova: hlasové chování; Malajsie; psychologická bezpečnost; styly vedení; vnitřní motivace; zdravotní sestry

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