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The Influence of Pandemic Leadership on Organizational Citizenship Behavior Among Nurses: The Mediating Role of Cohesion

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Abstract

This study investigates the relationship between pandemic leadership and organizational citizenship behavior and the role of cohesion as a mediator in these relationships. The study used a quantitative approach with a sample of 68 nurses from a public hospital in Selangor, Malaysia. The statistical analysis was done using SmartPLS-SEM version 3.2.8. According to the findings, pandemic leadership is positively related to organizational citizenship behaviour. The findings also revealed that cohesion mediates the relationship between pandemic leadership and organizational citizenship behaviour. This study identified a gap in the existing literature and brings to the body of knowledge by investigating the mediating role of cohesion between pandemic leadership and organizational citizenship behaviour. An effective pandemic leadership is seen as a value for healthcare organizations that can enhance a civic virtue work environment and a quality leader.

Keywords: Pandemic Leadership, Organizational Citizenship Behaviour, Cohesion, Nurses, Healthcare.

Introduction

Leadership is a field of study that examines the characteristics of leaders (Judge and Bono, 2000; Zaccaro, 2007), behavioral (Podsakoff et al., 2006; Carson et al., 2007), intellectual functioning (Martinko et al., 2007; Lord and Shondrick, 2011), competence (Vera and Crossan, 2004), and biological sciences (Waldman et al., 2011; Boyatzis et al., 2012; Lee et al., 2012). As a result, the characteristics of leaders are used and integrated to determine the impact on the job, workplace satisfaction, and community well-being. Events or contexts have changed leadership style aside from the growing attention in characteristic leadership literature (Wilson, 2020). In general, previous leadership research has emphasized various leadership styles in managing social and economic outcomes (Dumdum et al., 2013; Dinh et al., 2014). However, very few studies have been conducted on leadership style for managing large-scale pandemics and how it affects employee outcomes (Wilson, 2020).

Leadership research in healthcare organizations has gained significance in COVID-19 situations because it expands potentials for leadership practice from a pandemic phenomenon and identifies the critical role of leadership in strengthening employee daily life

and social well-being (Wilson, 2020). Leaders had to adjust to the new situations instantly (Bush et al., 2018), which requested them to restructure and retool their healthcare management as the most successful organization combating COVID-19 (Jimenez et al., 2020). Although the fundamental role and responsibilities have not changed, the infection rate context and the associated challenges of facilities, communication with society, and workforce issues place a significant burden on healthcare leaders (Nilsen et al., 2016). Leaders must implement an effective strategy to overcome the day-to-day challenges in ensuring assistance to their employees during the pandemic. Providing support or motivating individuals in their job roles, particularly in voluntary work, is essential. However, how these leaders in healthcare influence or encourage employee behavior to serve the organization and community voluntarily was still underexplored. This research gap is addressed in the current study.

Pandemic leadership has been an emerging leadership approach in the last few years (Khalil et al., 2020; Wilson, 2020; Basir and Rahman, 2021). During the pandemic crisis, leadership practices sense-making, technology enabler, emotional stability and employee well-being, innovative communication, and financial management (Khalil et al., 2020). However, Basir and Rahman (2021) research identifies that subordinate support and co-operation are the most important outcomes to combat the crisis. Scholars articulated that employee behaviors or actions depend on leadership style (Marie et al., 2021). Excluding the employee supports limits pandemic leadership from a leader-centric perspective. Thus, it is crucial to comprehend how pandemic leadership affects organizational citizenship behavior to advance research on employee outcomes.

Previous research indicates that organizational citizenship behaviour has typically been studied in business and administration, with only a few studies done in the field of healthcare, particularly among nurses (LePine et al., 2002). According to Jongsik et al (2021), organizational citizenship behaviour has significant implications for nurses during the COVID 19 situation. Nurses involved in several diverse activities and who have a strong sense of organizational citizenship assist their co-workers voluntarily, work on committees voluntarily and participate in extra program activities (Dargahi et al., 2012). However, this type of predicted employee behaviour appears to be silently contradicting the concept of pandemic leadership. Unfortunately, a significant gap in the pandemic leadership literature is the lack of a robust theoretical foundation for connecting pandemic leadership to employee outcomes, such as organizational citizenship behaviour. As a result, our findings shed light on:

- Determine the relationship between pandemic leadership and organizational citizenship behaviour.
- Determine the roles of cohesion as a mediator between pandemic leadership and organizational citizenship behaviour.

Conceptual Background and Hypotheses

Pandemic leadership

Pandemic leadership is concentrated on the importance of caring for people, including employees and society (Luoto et al., 2021). Leaders are engaged in social transformation collective action, and that practices play critical roles build trust among employees and society. Pandemic leadership is one of the most active leadership research in terms of accelerating a COVID-19. Wilson's (2020) work served as the starting point for the exploratory research of pandemic leadership. Three primary pandemic leadership practices have been defined: First, be led by expertise. The leader should be directed by scientific advice, facts,

and evidence and a willingness to listen to those with pandemic-related expert knowledge during the decision-making process. The consequences of disregarding the information and guidance may include an inability to control the spread of viruses and a decline in the effectiveness of health care administration. Meanwhile, leaders' willingness to be led by expertise reduces the risk of dysfunctional and inefficient pandemic leadership while also providing the opportunity for effective pandemic leadership practice.

Second, organized a collective effort. Leaders could implement various practices that are potentially transferable to employees and society to influence the employees and community in minimizing harm to lives and livelihoods. A strong emphasis has been placed on informing and educating the employees and public about coronavirus, communicating direction, empathy, uniting, addressing practical aspects, avoiding defensiveness when confronted with questions or criticisms, and soliciting feedback.

Third, enable coping. Various leadership practices can be implemented while interacting with the pandemic challenges, such as practical strategic planning tools, building necessary knowledge and skills, allowing sense-making, facilitating kindness, and creating innovative responses. The vital strategies of pandemic leaders exist in their practical focus on inspiring, ethical practices and their unquantifiable value for supporting their organizations. These efforts inspire their employees to exhibit the same behaviours (Bartsch et al., 2021).

Furthermore, pandemic leadership practices include refining their employee objective work values by increasing job autonomy and civic virtue (Bartsch et al., 2021), providing various types of support for employee development (Khalil et al., 2020), and facilitating a learning work environment in which employees care and are concerned about others welfare (McGuire et al., 2021). Given the importance of pandemic leadership practices in developing employee attitudes and behaviors, the purpose of this study is to investigate the impact of pandemic leadership on employee work-related outcomes, namely organizational citizenship behaviour.

Organizational Citizenship Behaviour

Organizational citizenship behaviours are defined as voluntary and extra-role behaviours which are not in their jobs listed, such as offering to help others voluntarily, having a positive attitude, helping to promote the organization to outsiders, embracing the organization regulations and rules, individual initiative, and civic virtue (Podsakoff et al., 2006). In other words, it refers to voluntary, discretionary, and selfless activities that organizational employees engage in outside of their work responsibilities, potentially without pay or compensation. Organizations require organizational citizenship behaviour because it improves organizational performance and enables organizational goals (Somech and Drach, 2004). Furthermore, organizational citizenship behaviour can strengthen individual performance and career development (Basu et al., 2017).

According to this study, pandemic leadership is associated with organizational citizenship behaviour. Pandemic leaders demonstrated high empathy practices by being more aware of others to promote social-emotional well-being (Sergent and Stajkovic, 2020). Furthermore, pandemic leaders convince their employees that a better future is on the horizon. Pandemic leaders can build voluntary commitment by facilitating a platform for social togetherness, allowing individuals to act in collective sense-making about what is occurring while also increasing individual capacity to help others during a crisis. Individuals become more productive, responsive and build a sense of stability as their resiliency rises

(Athota et al., 2020). In brief, by building resilience and widening social connections, pandemic leaders will help their employees to see the events occurring as an opportunity to prove themselves to be highly adaptable and build additional resilience by enrolling the leadership and engaging in organizational citizenship behaviour.

Furthermore, employees are more likely to contribute to organizational citizenship behaviour when pandemic leaders care for employees, act in their best interests, incorporate meaning in work, and treat employees with respect and dignity (Khalili, 2017; Newman et al., 2017; Luu, 2017). In other words, pandemic leaders follow scientific advice and establish organizational systems based on more motivated people to help save lives during disease outbreaks, resulting in more effective societal responses. A voluntary commitment, emphatic and people-oriented work environment is more likely to instill feelings of psychological possession and dedication to the workplace (Holt and Marques, 2012). These emotions are followed by a sense of hardship sharing and workplace responsibility, inspiring employees to engage in organizational citizenship behaviour.

Leaders strive to enhance employees' organizational citizenship behaviour in order for them to be more effective and endure in the event of a global pandemic. Organizational citizenship behaviour has been identified as socially responsible work behavior, and, unsurprisingly, pandemic leadership has been identified as one of the primary indicators of such employee behaviours. According to Made et al (2021), pandemic leadership is related to organizational citizenship behaviour, and organizational commitments mediate the relationships between the two constructs.

Employees in the healthcare industry believe that giving back to the community is more important than personal pleasure and desires (Hofstede, 2007). As previously stated, the characteristics of pandemic leadership have an impact on organizational citizenship behaviour. Furthermore, the working culture characteristics of healthcare provide an environment in which the interpersonal relationship between the leader and the employees is based on a soul of voluntary work (Khalil et al., 2020). As a result, employees are more likely to demonstrate voluntary contribution and thoughts of cohesiveness towards their leaders and co-workers in the workplace (Robertson and Carleton, 2018) and are more likely to construct a positive behaviour, implying the following hypothesis:

H1. Pandemic leadership is positively related to organizational citizenship behaviour.

Cohesion

Cohesion has long been recognized as an essential factor in the team and organizational performance, and it is generally known to refer to the connectedness or sense of unity of attitude, behaviour, and performance within a workgroup. Nelson and Quick (2003) believe that group members perform more effectively when adhering to behavioural norms and standards. Cohesion is typically the result of organizational culture and group member trust (Guchait et al., 2016). This study investigates cohesion as a mediator in the relationship between pandemic leadership and organizational citizenship behaviour.

Pandemic leaders are engaging in transformative collective action, and it is the crucial component of practices that represent establishing trust with employees and the community to ensure high-quality relationships because these leaders encourage social connection (Wilson, 2020). As a result, pandemic leaders motivate his or her employees to practice kindness and create innovative responses flexibly (Hutagalung et al., 2020). As pandemic

leaders enable the development of employee social skills in order for them to do their jobs, the employees perceive more connectedness and unity, demonstrating their cohesion (Bartsch et al., 2021)

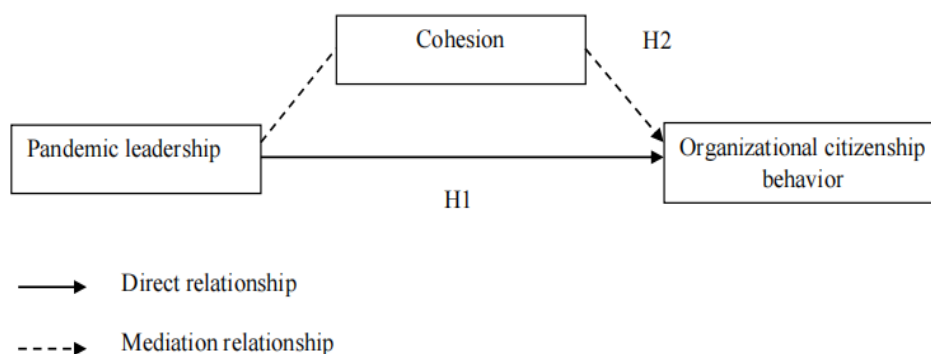
Furthermore, when pandemic leaders highlight the importance of team building in achieving organizational goals, it gives meaning to tasks and incorporates social values (Men et al., 2021). Thus, employees feel that their jobs are more meaningful and relevant, which significantly increases employee cohesion. Furthermore, pandemic leaders with high levels of empowering support (Nidaul and Samsudin, 2020) create an accessible environment that promotes employees' social bonds, caring, togetherness, and sheer joy, thereby promoting cohesiveness. Given the empirical evidence for pandemic leadership, Osland et al (2020) investigated the effect of pandemic leadership on retaliation and cohesion.

Cohesion has been discovered to include social relationships as well as shared emotion (Friedkin, 2004). Employees seeking social cohesion prefer to work in a team and improve their work performance, whereas individuals seeking emotional cohesion develop a more incredible positive support by completing a specific task (Li et al., 2014). Cohesion has been an essential indicator of organizational citizenship behaviour in the healthcare context (Woolley, 2016). Furthermore, some empirical researchers discovered that cohesion mediates the relationship between leadership style and efficiency (Ben et al., 2021) and innovation (Joris and Bram, 2021).

Individuals tend to be more productive in developing and maintaining leader/follower relationships encompassing interactions for loyalty because the healthcare work culture is a collectivist culture that reflects the favoured nature of interpersonal relationships (Li et al., 2014). A strong relationship between scientific skills and managerial empathy in a healthcare setting shows that the leader's sense of humanity plays an essential role in people's lives. The healthcare context collectivist culture and emphatic background are discovered in how leaders treat people, significantly impacting their work-related outcomes. When there is an exchange of empathy between employees and leaders, employees are more likely to perceive job impact, autonomy, and competence. As a result, those who have highly developed cohesion are more likely to translate their unity to aid their colleagues or supervisors when they need help, to take a personal interest in their well-being, to avoid taking undeserved work breaks, to comply with informal rules, and to protect organizational property, thereby enhancing organizational citizenship behaviour. As a result, the following hypotheses are advanced:

H2: Cohesion mediates the relationships between pandemic leadership and organizational citizenship behaviour.

The conceptual model for this study is shown in Figure 1 and guided by previous studies empirical results and the proposed hypotheses mentioned above.

Figure 1: Research Model

Method

Participants and Procedure

A cross-sectional survey was applied to the nurses in Selangor public hospital, and a convenience sampling technique was utilized. The sample for this study consisted of nurses from various public hospitals in Selangor who were readily willing to participate in this research. Data were collected between February 2021 and May 2021. Power analysis is the most recommended approach in determining the sample size for PLS-SEM (Hair et al., 2017). Hair et al. (2018) recommended the rule of thumb that Cohen (1988) developed for statistical power analysis of multiple regression models and the determination of sample size based on 80% statistical power, minimum R^2 value, significance level, and complexity of path model. According to a GPower 3.1 analysis with effect size = 0.15, $\alpha = 0.05$, and power = 0.80, the minimum sample size required for this research is 68. The aim is to obtain a sample size of 68 sufficient for running structural equation modeling (Hair et al., 2018). Thus, this research applies Nulty's (2008) rule of thumb, which stated that the best reported response rate for online surveys is 75%. Therefore, the researcher distributed 90 questionnaires, which exceeds the sample size of 68 from five public hospitals in Selangor, hoping that the questionnaires response rate would be 75 percent (68).

Measures

Pandemic leadership was measured respondent perception about their leader practices in terms of led by expertise, collective effort, and enable coping using a measurement from Wilson (2020). Items showed robust test-retest reliability, convergent, discriminant, and criterion-related validity. A total of 15 items with a 5 points Likert Scale ranging from 1= Strongly disagree to 5 = Strongly agree were used.

Organizational citizenship behaviour was measured using a seven-item scale developed and validated by Williams and Anderson (1991). The sample items for organizational citizenship behaviour included statements such as "Helps others who have heavy workloads." A five points Likert Scale ranging from 1= strongly disagree to 5 = strongly agree was used. The reliability analyses revealed that the instruments were within an acceptable range, with a value of ($\alpha = 0.93$).

Cohesion measure the level of team experience. The four items were taken from Debrev-Martinova (1999). An example of the item is "The people in my unit care about what happens to each other." Items were measured on a five-point scale from 1 =strongly disagree to 5 =strongly agree, with higher scores indicating stronger cohesion.

Results

Demographic Profile of the respondents

The demographic profile shows in Table 1 that respondents who possessed adequate experience responded to this study. Both males and females differed in representation among the respondents, including 42.6% male and 57.4% female nurses. About 77.9% of the respondents were above the age of 25 years old; only 22.1% of respondents were within the age range of 18-24 years old. The analysis also showed that the highest percentage of respondents (64.7%) had 1-5 years of knowing the current supervisors while a few respondents (10.3%) had known the current supervisor for more than eleven years.

Table 1: Respondent profile

	Variable	Frequency	Percentage	
<i>Data</i>	<i>Gender</i>			<i>analysis</i>
	Male	29	42.6	
<i>The data</i>	Female	39	57.4	<i>was</i>
<i>analyzed</i>				<i>using</i>
<i>Partial</i>	<i>Age</i>			<i>Least</i>
<i>Square</i>	18-24 years old	15	22.1	<i>based</i>
<i>Structural</i>	25-39 years old	29	42.6	<i>Equation</i>
<i>Modelling</i>	40-60 years old	24	35.3	<i>version</i>
<i>3.2.8. To</i>	<i>Years of knowing the current</i>			<i>analyze</i>
<i>data, there</i>	<i>immediate supervisor</i>			<i>are two</i>
<i>steps:</i>	1-5 years	44	64.7	
	6-10 years	17	25.0	
	11-15 years	1	1.5	
	16-20 years	3	4.4	
	>20 years	3	4.4	

measurement and structural model. The validity and reliability of the reflective measurement model are evaluated using internal consistency, indicator reliability, convergent validity, and discriminant validity (Straub et al., 2004; Lewis et al., 2005). The coefficient of determination (R^2), standardized beta coefficients (β), effect size (f^2), and predictive relevance are used to evaluate the structural model (Q^2).

Measurement Model

The composite reliability values of the variables range from 0.913 to 0.972. According to Kline (2010); Gefen et al (2000), the values greater than 0.7 demonstrate that the items used to reflect the construct have adequate internal consistency. The standardized loading items show that all variables were significant because they fulfilled the threshold value of 0.70 by their expected factor (Hair et al., 2018). All AVE values were more significant than the suggested value of 0.50. (Hair et al., 2018). The value ranged from 0.659 to 0.725. It implies that all of the variances of the items are reflected by their construct.

Discriminant Validity

Henseler et al. (2015), commenting on the Fornell and Larcker criterion, argue that the Heterotrait-Monotrait ratio (HTMT) of correlations according to the multitrait-multimethod matrix could be a substitute technique for assessing discriminant validity. The ratio of correlations between constructs is defined as HTMT (Ramayah et al., 2018). When the HTMT value is more significant than 0.90 (Gold et al., 2001) or 0.85 (Gold et al., 2001), the discriminant validity is affected (Kline, 2010). Table 2 shows that the values were lower than the suggested cut-off value of 0.85, indicating an acceptable discriminant validity level.

Table 2. Discriminant validity (HTMT ratio)

	Cohesion	Organizational citizenship behaviour	Pandemic leadership
Cohesion	-	-	-
Organizational citizenship behaviour	0.128	-	-
Pandemic leadership	0.265	0.437	-

Collinearity Issues

However, in addition to vertical collinearity issues, there is significant concern about lateral collinearity issues. It is also referred to as predictor-criterion collinearity. The two variables hypothesized to be causally related to the same construct triggered debate (Ramayah et al., 2018). According to the findings of this study, the inner variable factor (VIF) values for independent variables (pandemic leadership) are less than 5. Table 3 demonstrates that multicollinearity is not an issue in this study (Hair et al., 2018).

Table 3. Lateral Collinearity Assessment

Construct	Pandemic leadership (VIF)
Cohesion	1.000

*Hypothesis**testing*

PLS is a non-parametric analysis, and the goal of the analysis is to predict the output (Hair et al., 2017). As a result, the probability of inflated and deflated t-values is greater. Thus, Hair et al. (2018) emphasize the importance of a bootstrapping procedure. Bootstrapping is possible by providing estimated t-values for the structural path significance test (Hair et al., 2018), and the result might be nearer to the data normality. Several processes have been used for bootstrapping, with a total of 500 subsamples used for bootstrap samples that are higher than the majority of valid observations

Table 4 summarises the results of hypothesis testing. H1 demonstrates a positive relationship between pandemic leadership and organizational citizenship behaviour ($\beta = 0.243$, $t = 5.501$, $p = 0.000$). It concludes that pandemic leadership forms a relationship with employee organizational citizenship behaviour.

Meanwhile, H2 demonstrates that cohesion mediates the relationship between pandemic leadership and organizational citizenship behaviour. This hypothesis is examined by following Hayes (2017) suggestions. The bootstrapping method was used to investigate indirect effects. The results were statistically significant ($\beta = 0.031$, $t = 2.549$, $p = 0.011$); as such, the result support this hypothesis.

Table 4. Path coefficients and significances

	Relationship	Std. Beta	Std. Error	t- value	p- value	CIs		Decision	R ²	Q ²
						2.50%	97.50%			
H1	Pandemic leadership → organizational citizenship behaviour	0.243	0.044	5.501	0.000	0.163	0.327	Supported	0.059	0.108
H2	Pandemic leadership → cohesion → organizational citizenship behaviour	0.031	0.012	2.549	0.011	0.012	0.053	Supported		

Coefficient of Determination (R²)

The predictive accuracy of the model could be determined using a coefficient of determination (R²) analysis. It reflects the amount of variance in the endogenous construct described by all the exogenous elements associated with it. According to Table 4, pandemic leadership is significantly related to organizational citizenship behaviour, accounting for 5.9 percent of the variance in organizational citizenship behavior. According to Cohen (1988), the R² value of 0.059 is greater than 0.02, indicating a moderate model.

Predictive relevance (Q²)

Predictive relevance (Q²) analysis assesses the path model quality. The blindfolding procedure, also known as the resampling technique, can be used to calculate the analysis. According to Hair et al. (2018), the blindfolding procedure can only be used on endogenous constructs with a reflective measurement, and the value of Q² must be greater than 0. Table 4 shows that the Q² value of organizational citizenship behaviour was 0.108, greater than 0. It demonstrates that the proposed model has adequate predictive relevance.

Discussion

This study shed light on pandemic leadership, a relatively new area of leadership research. While much previous literature deals with pandemic leadership in the education setting (Beauchamp et al., 2021), there is a research gap in the study of pandemic leadership in healthcare, particularly in Malaysian public hospitals. This study adds to the literature on healthcare performance by providing insight into leadership actions taken in a healthcare setting to improve organizational citizenship behaviour, a previously unexplored area from a relational view. The study findings are of significance to both academics and practitioners. The following sections discuss the theoretical and practical implications.

Theoretical Contributions

From a theoretical standpoint, firstly, this study adds to the literature by generating new knowledge in pandemic leadership, which has appeared as a contemporary worldwide concern. Many scholars have proposed using pandemic leadership to attain organizational objectives, but little research has investigated the link between pandemic leadership and organizational citizenship behaviour (Made et al., 2021). The current study expands on previous research on the conceptualization of pandemic leadership through the Theory of Planned Behaviour framework lens and an individual decision to perform a specific behaviour, such as organizational citizenship behaviour.

Secondly, previous research has found that pandemic leadership positively influences workers' organizational citizenship behaviours (Luis and Vance, 2020). These studies, however, were unable to discover the underlying mechanism that linked pandemic leadership to employees' organizational citizenship behaviours (Li et al., 2014). Wilson's (2020) calls for more research into the collective mechanisms linking pandemic leadership to employee attitudes and behaviors. As a result, this study looked into the researchers' assumption that cohesion as a social mechanism is a significant issue that leaders must address when managing nurses' voluntary work (Woolley, 2016). Thus, cohesion was used in this study to mediate pandemic leadership and employee work-related outcomes. Previous research has used psychological empowerment (Joo and Jo, 2017), interpersonal trust (Kim and Park, 2019), and leader-member exchange as mediators in the relationship between leadership and employee organizational citizenship behaviour (Hackett et al., 2018). This study extended and filled a gap in the leadership literature by investigating and verifying the mediating role of cohesion, confirming that pandemic leaders can increase organizational citizenship behaviour by leading employees to work for the sake of the work and finding interest in the work itself than external rewards.

Contextual Contributions

In contrast to the previous Theory of Planned Behaviour context of the study, this current study applied the Theory of Planned Behaviour framework in the context of a healthcare setting (Kortteisto et al., 2010). The role of pandemic leadership in previous literature was limited to education; thus, this study expands pandemic leadership research in Malaysia's public hospital. It adds to the literature on healthcare leadership from a behavioral standpoint by shedding a different light on the importance of pandemic leadership as an enabler of organizational citizenship behaviour of nurses in a Malaysian public hospital. As a result, this research provides a limited body of research by presenting findings that support and help generalize this relationship in another country and context that includes people of different ethnicities. Malaysia is a multicultural country that includes Malay, Chinese, Indian, and other ethnicities with significant differences in beliefs, religion, ideology, and identity (Al Halbusi et al., 2019), so this study helps generalize this relationship across cultures.

The social context in which the current study was carried out may also help to explain the significance of cohesion as a mediating mechanism. The healthcare context captured the preferred nature of social value and interpersonal relationships, as leader/follower relationships are seen in teamwork and empathy exchanges, combined with human values and traditions that emphasize co-operation, consultation, helping others, and obedience seniority. Pandemic leaders promote self-motivation and civic virtue in their employees by forming relationships with them, prioritizing their needs, and assisting them to succeed and grow. As a result, individuals tend to exhibit organizational citizenship behavior.

Practical Contributions

This research has several practical implications: First, because pandemic leadership has been shown to encourage employees' organizational citizenship behaviour, the top management of the healthcare context should strengthen pandemic leadership style by encouraging communication, empowering, team-building activities, goal structure, and a focus on building trust in the workplace. Employees should be given opportunities to develop teamwork and collaborate in the face of conflict, which will encourage them to demonstrate organizational citizenship behaviour. Second, the study reveals that pandemic leadership is positively related to employee's cohesion, facilitating organizational citizenship behaviour through cohesion mediation. Because the current study was conducted in a collectivist culture where followers and leaders work together, it is suggested that leaders carefully devise strategies to make everyone feel like they have contributed to the group's overall success. Leaders in the healthcare setting, in particular, should focus more on improving subordinate cohesion because this type of motivation produces positive work results.

Limitation and Future Research

Due to the study theoretical and methodological limitations, there is room for future research. First, this is a cross-sectional study that collected data at a single point in time. It may take time for leadership to have the most significant impact on behavioural change. Future research may use a longitudinal research method to examine changes in employee organizational citizenship behaviour over time due to the implementation of pandemic leadership practices for a more in-depth understanding.

Second, other public hospitals in Malaysia are also making significant efforts to shift to pandemic leadership, and future research should include other public hospitals in generalizing results. Furthermore, replicating this study across boundaries in a cross-cultural setting will aid in the development of globally relevant pandemic leadership measures in Malaysian hospitals.

Finally, cohesion was assessed as a mediator between pandemic leadership and organizational citizenship behaviour in this study. Nevertheless, cohesion is not the only real worth variable. Other mediating variables include psychological empowerment (Joo and Jo, 2017), interpersonal trust (Kim and Park, 2019), and organizational concern (Shenjiang and Junqi, 2017). Besides that, this study only searched for organizational citizenship behaviour. Other effects of pandemic leadership, such as job satisfaction (Yunita et al., 2020), may be studied in the future.

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