



Organizational Citizenship Behavior Among Iranian Nurses

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Abstract

Background: Organizational Citizenship Behavior (OCB) is defined as “individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate, promotes the effective functioning of organization”. OCB, enhance job satisfaction among nursing employees. According to several findings, nurses' OCB have a positive and significant influence on job satisfaction. This research is aimed to study OCB among Iranian nurses.

Methods: A cross-sectional, descriptive and analytical study was conducted among 510 nurses working in 15 teaching hospitals in Tehran, Iran to be selected by stratified random sampling. The respondents were asked to complete Netemeyer's organizational citizenship behavior questionnaire that encompassed four dimensions of OCB including Sportsmanship, Civil Virtue, Conscientiousness, Altruism and selected each item of OCB dimensions and identified their attitudes about OCB items were observed in hospitals of Tehran. The data was analyzed by T-test, ANOVA and Pearson statistical methods.

Results: The results of this research showed that most of the nurses who studied in this study, had OCB behaviors. Also, we found that there was significant correlation between Iranian nurses' marriage status, qualifications and gender with sportsmanship, altruism and civic virtue.

Conclusion: This research demonstrates the existence of OCB among Iranian nurses that are essential in developing patient – oriented behavior. The results can be used to develop further nursing management strategies for enhancement of OCB. Finally, the present study indicates new possibilities for future researches such as analysis and comparison of OCB between different hospitals and how nursing policy-makers can enhance these behaviors in Iranian hospitals.

Keywords: Organizational citizenship behavior, Nurse, Iran

Introduction

Over a decade and a half has passed since Dennis Organ defined organizational citizenship behavior (OCB) as “individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate, promotes the effective functioning of the organization” (1-3).

Netemeyer et al. identified four dimensions of OCB: (a) Sportsmanship (three items), (b) Civic

Virtue (three items), (c) Conscientiousness (three items) and (d) Altruism (three items) (4,5).

Many researchers and practitioners believed that OCB is associated with individual and organizational performance that is gathering in the management and marketing literatures (6,7).

OCB reduces the need for monitoring and time consuming for scheduling and problem solving

and make organizational practices more effective (8,9).

It is emphasized that team and organizational effectiveness, and job satisfaction typically depends on the levels of OCB (10,11). Although, it is suggested that Job characteristics may affect OCB through employees' perceptions because of the motivating potential inherent in job characteristics (12-16). However, these relationships have been well supported theoretically, but there is minimal empirical evidence (17).

OCB is considered to be a reflection of the employees' commitment to their organization and encourage teamwork, promotes employee – management communication, develops organizational environment, and reduces employees' mistakes rates (18, 19).

In most healthcare organizations' productive nurses are the important work groups that play a vital role in these organizations' improvement (20). Job satisfaction, supervisor support, job involvement, and organizational justice have significant influence on the nurses' citizenship behaviors (21-23). Also, Erturk declared that relation between organizational justice and OCB has a complete intermediary role (24). In fact, OCB can affect the function of labor force in a hospital (25).

Regarding the interrelationship between nurses – hospital management and between nurses - patients, specific pay attention to improve organizational behavior, essentially OCB is utmost important in Iranian hospitals. Therefore, the evaluation of OCB behaviors between Iranian nurses is the aim of this study.

Materials and Methods

A cross – sectional, descriptive and analytical study was conducted among nurses working in 15 teaching hospitals in Tehran, Iran. A stratified random sampling was used to select 510 nurses as respondents. The respondents were asked to complete Netemeyer's organizational citizenship behavior questionnaire that encompassed four – dimensions of OCB including Sportsmanship,

Civil Virtue, Conscientiousness and Altruism. Three items assessed each dimensions of OCB. The nurses were asked to complete the questionnaire and identified their attitudes about how OCB items were observed in hospitals of Tehran. The respondents provided their responses to these items using a 5 point Lickert Scale from (1= to no extent) to (5=to a great extent). Also demographic information from the nurses was collected by this questionnaire.

Before beginning the main study, a pilot study performed to check the reliability of the questionnaire that its reliability coefficient for this measure was relatively high (Cronbach alpha=0.85). Also, the face and coincidental validity was performed. The data was analyzed by T-test, ANOVA and Pearson statistical methods.

Results

54.3% of the nurses entered in this study were 22-27 years old, 71% of them were female and 29% were male. 69% of the respondent were married, and 54.5% of them had 1-5 years work experience. Also, most of the nurses had BSc degree.

The results of this research indicated that most of the Iranian nurses did not have a tendency toward of time complaining about trivial matters. Also, they didn't trend to make problems bigger than they were. Although, the nurses were not disposed toward focus on what was wrong with their situation, rather than the positive side of it. Majority of Iranian nurses conscientiously followed branch regulations and procedures, met their tasks earlier than was required and returned requests for information promptly. Most of the Iranian nurses helped orient new employees, willingly gave of their time to others, and always were ready to lend a helping hand to around them. Also, only 50% of them attended functions that are not required, kept up with development in the branch and run risk disapproval in order to express our beliefs about what is best for the branch (Table 1).

Table 1: Distribution frequency of each OCB items in hospitals of Tehran, Iran

Row	OCB items	Too little		Little		Moderate		Many		Too many		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
	* Sportsmanship												
1	Consume a lot of time complaining about trivial matters	367	72	92	18	33	6.5	13	2.5	5	1	510	100
2	Trend to make problems bigger than they are	280	54.9	203	39.8	20	3.9	6	1.2	1	0.2	510	100
3	Always focus on what is wrong with my situation, rather than the positive side of it	118	23.1	241	47.3	111	21.8	32	6.3	8	1.6	510	100
	* Civil virtue												
4	Attend functions that are not required, but that help branch's image	32	6.3	116	22.7	280	54.9	61	12	21	4.1	510	100
5	"Keep up" with development in the branch	49	9.6	74	14.5	290	56.9	77	15.1	20	3.9	510	100
6	Risk disapproval in order to express my beliefs about what is best for the branch	28	5.5	68	13.3	262	51.4	139	27.3	13	2.5	510	100
	* Conscientiousness												
7	Conscientiously follow branch regulations and procedures	25	4.9	10	2	134	26.3	236	46.3	105	20.6	510	100
8	I meet my tasks earlier than is required	8	1.6	12	2.4	127	24.9	200	39.2	163	32	510	100
9	Return requests for information promptly	6	1.2	8	1.6	93	18.2	210	41.2	193	37.8	510	100
	* Altruism												
10	Help orient new employees even though is not required	9	1.8	9	1.8	90	17.6	169	33.1	233	45.7	510	100
11	Willingly give of my time to often	2	0.4	9	1.8	60	11.8	154	30.2	285	55.9	510	100
12	Always ready to lend a helping hand to these around me	1	0.2	6	1.2	24	4.7	123	24.1	356	69.8	510	100

Also, we assessed OCB dimensions among Iranian nurses. Therefore, most of the nurses were found to have sportsmanship, civil virtue, consci-

entiousness and altruism behaviors in Iranian hospitals (Table 2).

Table 2: Distribution frequency of each dimensions of OCB in hospitals of Tehran, Iran

Row	OCB dimensions	Too little		Little		Moderate		Many		Too many		Total	
		n	%	n	%	n	%	n	%	n	%	n	%
1	Sportsmanship	17	3	4	1	55	11	255	50	179	35	510	100
2	Civil virtue	92	18	18	3.5	277	57.5	37	7	86	17	510	100
3	Conscientiousness	13	2.5	10	2	119	23	215	42	153	30.5	510	100
4	Altruism	4	0.8	8	1.6	58	11	149	29	291	57.6	510	100

Moreover, we found that there was significant correlation between gender with nurses' attend functions that are not required, but that help branch's image ($P=0.02$) and keep-up with development in the branch ($P=0.012$), as items of civil virtue.

In addition, we showed that there was significant correlation between marriage status with nurses' consume a lot of time complaining about trivial matters ($P=0.008$), trend to make problems bigger than they are ($P=0.015$), and help orient new employees even through is not required ($P=0.000$), as items of sportsmanship and altruism.

Using by ANOVA methods, we found that there is significant correlation between Iranian nurses' job position with consume a lot of time complaining about trivial matters ($P=0.04$) and trend to make problems bigger than they are ($P=0.024$) as items of sportsmanship.

Discussion

In this research, we found that most of Iranian nurses frequently demonstrated sportsmanship, civil virtue, conscientiousness, and altruism behaviors. Although, Atluntas and Baykal declared that only OCB behavior most frequently demonstrated by the nurses was conscientiousness, followed by civil virtue, but sportsmanship was displayed to an average extent (26).

We found that nurses' gender is related to civic virtue of OCB. However, Kidder, Mclean showed that demographic variables (e.g., employee gender) were not related to OCB and the existing empirical evidence has not been supportive of the hypothesized effects of gender on OCB (27). This result is similar to our research finding. Similarly, Farrel, Finkelstein found that men are more likely to participate in civil virtue dimension (28).

Because, most of Iranian nurses have OCB dimension behaviors, we are expected that organizational performance, organizational commitment, organizational trust, organizational justice, job satisfaction, organizational effectiveness, would be more developed in Iranian hospitals. Cohen showed that organizational commitment and

group commitment were related to forms of OCB (29). Podsakoff, MacKenzie found that civil virtue and sportsmanship can be positively related to various measures of organizational performance (9). Chen et al. found that individuals perform OCB towards their jobs, showed a positive correlation with organizational justice towards their workers (30). Also, Ishak and Syed Shah showed that organizational justice plays a significant role in determining OCB (31). Park and Yoon verified the impression of OCB on organizational justice and organizational effectiveness in nursing organizations (32). Job satisfaction and organizational commitment influence OCB (33).

Findings of Chen et al. conducted in Korea indicated that individuals level variables related to OCB are job position, and supervisor support (34). Also, we showed in our research that there is relationship between job position and sportsmanship of OCB.

In conclusion, this research demonstrates the existence of organizational citizenship behaviors among Iranian nurses that are essential in developing patient – oriented behavior. This research showed that it is necessary to develop appropriate OCB strategies related to not only individual factors, but also higher organizational factors. Such collective efficacy, improve individual performance in the hospitals.

We recommend nursing administrators must understand OCB behaviors. These recommendations can be difficult to put into practice, because OCB is difficult to manage. Although, no one has formally predicted that different forms of OCB would have difficult consequences for an organization, there is good reason to believe that they may. Nursing administrators should introduce studies to improve their subordinates' organizational trust to ensure that they develop OCB, and they should support them in process. When trying to enhance the extent of OCB within a hospital, it is primarily essential to increase the job satisfaction of nurses. Within the nursing departments, it is additionally recommended to enhance the employees' scope of action, if possible. However, for the enhancement of OCB, it must be kept in mind that with rising of OCB, the stress (e.g., time pres-

sure and interruptions) decrease at the same time. The latter might result in higher strain for nurses. Finally, the present study indicates new possibilities for future research. One of these is the possible analysis and comparison of different hospitals. Another area for possible research is to investigate why Iranian nurses frequently demonstrate organizational behaviors and how nursing policymakers can enhance these behaviors in Iranian hospitals.

Limitations of the study

One of the main limitations of the present study is that it was conducted at one specific time. A longitudinal study would be useful, although limited recourses make this difficult. Second, the nurses were contacted by questionnaire. It is possible that this information – collection process, although is convenient for the present research, might have introduced bias into the final results of the research.

Finally, many other constructs that influence the provision of nursing care and organizational profitability have not been included in our research. Therefore, it might not be accurate to state absolute conclusions regarding global effects of OCB on nursing care quality and profitability.

Ethical Considerations

Ethical issues including plagiarism, informed consent, misconduct, data fabrication, and / or falsification, double publication, redundancy, etc. have been completely observed by the authors.

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