

Original article:

Does the Job Category Affect Employments' Organizational Citizenship Behavior In Hospitals?

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Abstract

Background and Objective: Organizational citizenship behavior (OCB) is one of facilitating factors in improving the quality of service in healthcare section. This study aimed at investigating the possible relationship between the job category and employees' organizational citizenship behavior in some selected hospitals located in Northern Iran. **Material and Methods:** This applied research was a descriptive-analytical cross-sectional survey conducted in 2016 among therapeutic and non-therapeutic/administrative employees working in 5 selected hospitals located in Golestan province, Iran. 320 employees were selected randomly by using Cochran sampling formula. The Persian version of Podsakoff's standard scale for measuring the organizational citizenship behavior was used for data collection. The gathered data were analyzed by using SPSS 18 and applying independent t-test and regression analysis. **Results:** The mean rate of non-therapeutic employees' organizational citizenship behavior (94.38 ± 7.57) was higher than that of therapeutic ones (93.98 ± 9.36). The component altruism with 20.78 ± 2.75 among therapeutic staff and the component conscientiousness with 20.87 ± 2.09 among non-therapeutic staff were in the highest rate. The mean differences of the components of the organizational citizenship behavior were not significant, The lowest rate belonged to the component civic virtue (14.28 ± 2.03), but in altruism in which the difference was significantly positive ($p = .039$). **Conclusion:** Although the job category has a low effect on the organizational citizenship behavior, the managers of healthcare centers can improve their employees' organizational citizenship behavior by improving organizational culture, work motivation and job satisfaction among the staff.

Keywords: Civic Virtue; Hospitals; Organizational Citizenship Behavior; Job Category

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Introduction

The interaction between the organization and its employees is increasingly changing in the current competitive world and organizations conceive their staff as a competitive advantage¹ and

valuable resource² with a key role in organizational achievement³. Attention to organizational human resources and their performance are rendered as one of the most important organizational success in achieving the set goals⁴. In fact, the difference between an efficient and an inefficient organization

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is determined by its employees⁵. In the former, employees tend to perform more works than their formal duties⁶. Pille points out that an ideal employee is one who not only makes high-quality duties, but also is active in affairs related to the organizational citizenship⁷. Organizational citizenship has been recognized as a main priority over achieving organizational goals⁸, better using human resources and remaining survival in our competitive world⁹.

As an individual behavior based on the performance³, being optional⁶ and under culture, society and environment¹⁰ organizational citizenship behavior is related to non-assigned activities and is not an employee's formal duty¹¹. It positively affects organizational performance, efficacy and effectiveness and encourages employees to participate in forms of good teamwork and reduces mistakes as well as enriching the work environment^{12, 13}.

Because of its importance in the organizational survival and performance, the organizational citizenship behavior is of main topics under investigation in organizations¹⁴. The studies showed that improved organizational citizenship behavior causes increased production, improved service-quality, increase in customers' satisfaction and organizational performance and decrease in users' dissatisfaction and improved organization-environment compatibility¹⁵. John revealed in a study that improved organizational citizenship behavior increased the organizational effectiveness from 18% up to 28% in some hospitals¹⁶. It affects both staff's individual aspects (organizational performance, decision-making, reward and so on) and organizational aspects (Productivity, effectiveness, work costs and users' satisfaction)¹⁷.

Hospitals are of service-making healthcare centers where the organizational citizenship behavior is vital¹⁸. They have a main role in maintaining society's health status and healthy humans¹⁹. In addition, organizational citizenship behavior is important in providing high-quality healthcare²⁰. and this will be more important when hospitals encounter shortage of their human resources and skillful employees⁸.

Researchers enumerate some factors at work in occurring organizational citizenship behavior including among others different approaches to work, various advantage conditions, problems of different jobs in different units, working time, compatibility of work conditions with family conditions, job description, cultural differences and so on^{20, 21}.

Other factors are innovative criteria of the work environment for employees²², the kind of manager-staff relations²³, and the sense of embedment and justice in the organization²⁴.

Different studies have been conducted on organizational citizenship behavior in Iran and other countries. In Iran, Taghinezhad and colleagues studied the antecedents of organizational citizenship behavior among Iranian nurses²⁰, Dargahi and colleagues investigated the organizational citizenship behavior among Iranian nurses⁶, and Yaghoubi and colleagues studied the relationship between the organizational justice and organizational citizenship behavior among nurses in selected hospitals of Isfahan city¹³. In other countries, Alzayed and colleagues studied the mediating effect of affective organizational commitment in the relationship between organizational justice and organizational citizenship behavior for depicting a conceptual model²⁵. Dirican and colleagues conducted a study on the possible relationship between organizational justice and organizational citizenship behavior in hospitals³, and Demirkiran and colleagues organized a research on the exploration of academic staff's organizational citizenship behavior and counterproductive work behavior regarding their demographic characteristics, including gender¹. However, there is no research on possible relationship between the job category and employees' organizational citizenship behavior in hospitals. This research aimed to investigate the topic in an Iranian context.

Material and Methods

This applied research was a descriptive-analytical cross-sectional survey conducted in 2016 among therapeutic and non-therapeutic/administrative employees working in 5 selected hospitals located in Golestan province, Iran. These hospitals included two teaching hospitals (Panj-eAzar Hospital and Sayyad-e Shirazi Hospital in Gorgan city), one therapeutic hospital (Al-e Jalil Hospital in Agh-Ghala city), one private hospital (Falsafi Hospital in Goragn) and one social security hospital (Hakim-eJorjani Hospital in Gorgan city). Of 1,928 employees working in the hospitals, 320 ones were selected randomly by using Cochran sampling formula. Based on the units and sections of the hospitals, employees were divided into 2 categories (therapeutic and non-therapeutic) and from each category, a number of them were selected proportionally. For compensating possible fall-outs, 350 questionnaires were distributed. Finally, 312

subjects intended to participate in the research and completed the questionnaires.

The Persian version of Podsakoff’s standard scale for measuring the organizational citizenship behavior was used for data collection, It included two parts: one with 5 items relating to demographic information and the other with 24 items relating to organizational citizenship behavior and its five components (including 5 items for sportsmanship, 5 items for conscientiousness, 5 items for courtesy, 5 items for altruism, and 4 items for civic virtue). The items in the second part were scaled in Likert-type scale ranging from 1 (very low) to 5 (very high). The validity and reliability of the Persian version of the scale have been confirmed in the study by Yaghubi and colleagues¹³ and the internal consistency of the scale was amounted to $\alpha = .93$ in our study.

Ethical clearance: After taking the subjects’ consent and obtaining needed permissions, they were asked to complete the scale by researcher’ direct referring to the hospitals. The code of research ethics was IR.IAUSARI.REC.1395.24. The gathered data were analyzed by using SPSS 18 and applying Independent T-test and Regression Linear analysis.

Results

Of 312 subjects, 241 (77.2%) were female employees. Most employees were in the age range of 30-39 years 151(48.4%), Most had BD degrees 251 (80.4%). Of them, 209 (67.0%) were therapeutic staff.

As table 1 clearly shows, the mean rate of women’s organizational citizenship behavior (94.20±8.98) was higher than that of men (93.83±8.21). The mean rate of non-therapeutic employees’ organizational citizenship behavior (94.38±7.57) was higher than that of therapeutic ones (93.98±9.36). Among the employees of the studied hospitals, employees working in the social security hospital had the highest mean rate of organizational citizenship behavior (95.62±7.20).

Table 1. The mean rates of employees’ organizational citizenship behavior by their demographic information and working hospitals

Variable	Groups	Fr. (%)	Mean ± SD
Gender	Man	71(22.8)	93.83±8.21
	Woman	241(77.2)	94.20±8.98
Age range	20-29	77(24.7)	93.82±8.89
	30-39	151(48.4)	93.83±7.45
	40-49	68(21.8)	95.51±8.99
	50 ≤	16(5.1)	92.31±16.58

Variable	Groups	Fr. (%)	Mean ± SD
Education	Public education	13(4.2)	91.46±5.72
	AD	31(9.9)	93.65±7.90
	BD	251(80.4)	94.45±9.21
	MS	17(5.4)	92.00±4.97
Working background	≤10	167(53.5)	93.93±8.31
	11-20	108(34.6)	94.65±7.85
	21-30	37(11.9)	93.38±12.86
Job category	therapeutic	209(67)	93.98±9.36
	non-therapeutic	103(33)	94.38±7.57
Hospital	Panj-e Azar	124(39.7)	94.69±8.40
	Sayyad-e Shirazi	98(31.4)	93.66±8.85
	Al-e-Jalil	36(11.6)	94.61±7.70
	Hakim-e Jorjani	34(10.9)	95.62±7.20
	Falsafi	20(6.4)	89.25±13.40

The mean rates of the components of the organizational citizenship behavior among the subjects have been shown in Figure 1. As can be seen, the component altruism with 20.78±2.75 among therapeutic staff and the component conscientiousness with 20.87±2.08 among non-therapeutic staff were in the highest rate.

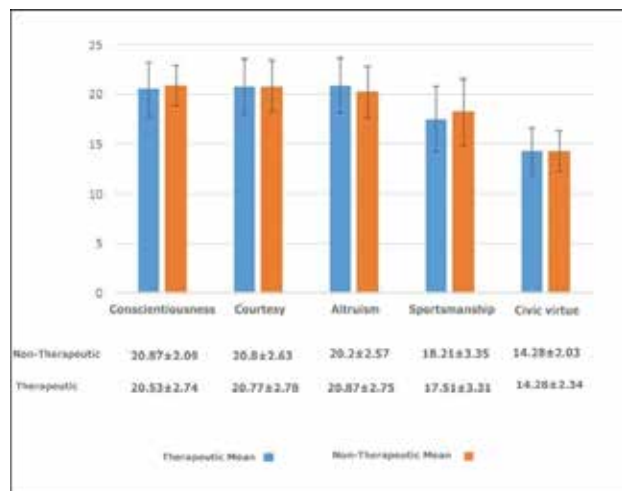


Figure 1. The mean rates of the components of the organizational citizenship behavior among the employees working in the studied hospitals by the type of job categories.

The mean differences of the rates of the organizational citizenship behavior among therapeutic and nontherapeutic staff by their working hospitals were summarized in Table 2. As can be seen, the difference

is positive in Panj-e Azar Hospital and Al-e Jalil Hospital, while negative in the other hospitals. However, the differences were not significant by employees' job categories ($p > .05$).

Table 2. Comparing the mean differences of organizational citizenship behavior in the studied hospitals by the job category (therapeutic vs. non-therapeutic)

Hospital Name	Mean ± SD in therapeutic units	Mean ± SD in non-therapeutic units	MD	95% CI		p-value
				Min.	Max.	
Panj-e Azar	94.93±8.92	94.33±7.61	.60	-2.45	3.67	.696
Sayyad-e Shirazi	93.14±9.42	95.29±6.68	-2.15	-6.28	1.96	.302
Al-e Jalil	94.87±7.75	92.13±8.81	4.28	-.91	9.40	.104
Hakim-e Jorjani	94.87±7.75	97.18±5.91	-2.31	-7.71	3.08	.390
Falsafi	89.00±14.27	90.25±10.87	-1.25	-17.41	14.91	.873

As can be seen in Table 3, findings showed that the mean differences of the components of the organizational citizenship behavior were not significant, but in altruism in which the difference was significantly positive ($p = .039$).

Table 3. Comparing the difference in means of the components of organizational citizenship behavior in the studied hospitals based on the job category

Component	MD	95% CI		p-value
		Min.	Max.	
Conscientiousness	-.33	.26	-.94	.272
Courtesy	-.03	.61	-.68	.914
Altruism	.67	1.31	.03	.039
Sportsmanship	-.69	.09	-1.48	.083
Civic virtue	.00	.53	-.53	.998

The results of the linear regression analysis showed that the studied employees' demographic variables had not any effect on their organizational citizenship behavior. This is so in case of employees' job categories (Table 4). In addition, in a multivariate analysis for studying the possible effect of the job category on the organizational citizenship behavior in the presence of all variables by using a backward regression model, it was appeared that these variables were not statistically significant in the final model ($p > .05$).

Table 4. The relationship between total mean rates of employees' organizational citizenship behavior and the job category (therapeutic vs. non-therapeutic) in the selected hospitals

Variables	B(SE)	B	%95 CI	P-value
Gender (men/women)	.36(1.19)	.01	-1.97_2.70	.760
Age range	.18(.31)	.03	-.43_.80	.550
Education	.53(.86)	.03	-1.16_2.23	.536
Working length	-.02(.34)	.00	-.70_.66	.953
Job category (therapeutic/non-therapeutic)	.39(1.06)	.02	-1.69_2.48	.708

Discussion and Conclusions

The total mean rate of the organizational citizenship behavior among non-therapeutic employees was higher than that among therapeutic employees. There were no significant differences between these two groups in relation to the mean rates of the components involved in the organizational citizenship behavior, but in altruism in favor of therapeutic employees.

Among the non-therapeutic employees, the highest rate belonged to the component conscientiousness. This result is in line with the result obtained in the study by Taghinezhad and colleagues²⁰ on the antecedents of organizational citizenship behavior among Iranian nurses and that by Altuntas and colleagues²⁶ regarding the relationship between nurses' organizational trust levels and their organizational citizenship behavior in 11 medical centers located in Turkey. Tofighi and colleagues²⁷ emphasized the positive relationship between the component conscientiousness, of organizational citizenship behavior components and self-management and social awareness among critical and emergency nurses in south east of Iran. The reason may be that administrative staffs often were educated in management-related disciplines.

Among the therapeutic employees, the highest mean rate belonged to the component altruism. This is in line with the findings of study by Tofighi and colleagues²⁷ who regarded the possible relationship between emotional intelligence and organizational citizenship behavior in critical and emergency nurses in south east of Iran. It can be said that therapeutic employees work for serving their human customers and more satisfy doing their jobs. This may be a reason for their having more altruistic behavior.

There was not any significant difference in employees' organizational citizenship behavior from gender perspective. This result is not in line with that found by Bahrami and colleagues²⁸ in their study on the

relationship between organizational perceived justice and organizational citizenship behavior among an Iranian hospital's employees, as well as a study by Farrell and colleagues²⁹ on the organizational citizenship behavior and gender, in which men tended to be more conscientiousness comparing women.

Since increased age and working length could result in more organizational citizenship behavior, our findings showed no significant relationship among employees with different age ranges and working lengths. However, Taghinezhad and colleagues²⁰ did not found any significant difference in organizational citizenship behavior among Iranian nurses by their gender and age range. However, Yaghoubi and colleagues¹³ found that the highest rate of organizational citizenship behavior belonged to the age range of 41-50 years old among nurses in some selected hospitals of Isfahan University of Medical Sciences, Iran.

The findings showed that while the mean rate of employees' organizational citizenship behavior was increased in the studied job categories by increasing their educational levels, this was not statistically significant. However, Tofghi and colleagues²⁷ found a significantly positive relationship between employees' conscientiousness and their educational levels in favor of employees with higher level education. Dirican and colleagues³ found the similar finding in studying academic staff's organizational citizenship behavior and their counterproductive work behavior. They conclude that higher level in educational degrees results in better job positions and increased income and stable working conditions and consequent improved organizational citizenship behavior. Some studies³⁰⁻³⁵ showed that job satisfaction, organizational commitment and organizational justice have some relationship with organizational citizenship behavior. If healthcare employees have a positive perception of their organizations, an effective context can be created for occurring enhanced citizenship behaviors with their maximum potentialities for improving performances and increasing the work quality³⁶. On the other hand, A warm behavior with empathy can give the patients energy and decrease concerns about a patient's tolerance, anxiety, pain and suffering³⁷. Taghinezhad and colleagues²⁰ considered some factors such as individual's personality,

organizational culture, and staff's trust in managers as factors empowering employees to improve their organizational citizenship behavior. Akturan and HülyaGündüz²² found a positive effect of knowledge sharing and organizational citizenship behaviors on creative behaviors in Turkish educational institutions. It is appeared that the characteristics of the organization and environment and the nature of social groups are of main elements affecting all organizational members' behaviors and attitudes.

The results showed that the mean rates of the components conscientiousness and sportsmanship were higher among non-therapeutic employees. In addition, the rate of the components altruism was higher among therapeutic employees. The lowest rate belonged to the component civic virtue in both therapeutic and non-therapeutic employees. Therefore, all managers in the healthcare sector encountering complex and unpredictable situations should focus factors on positively affecting employees' organizational culture, work motivation and job satisfaction and consequent improved organizational citizenship behavior.

Research Restrictions:

Number of personnel of selected hospitals were initially refusing to complete the questionnaire, which the researcher attempted to minimize this limitation by providing explanations on the necessity of implementation and the objectives of the study.

Conflict of interest:

None declared

Authors' contributions

Conceptualization: MAJ GM SM HMFH

Data collection: FH

Formal analysis: MAJ HN

Investigation: MAJ GM

Project administration: MAJ GM

Software: MAJ HN SM

Supervision: MAJ GM

Writing- original draft: HM

Writing – review & editing: MAJ GH

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