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

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 employees. In the former, employees tend to perform more works than their formal duties. 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 citizenship. Organizational citizenship has been recognized as a main priority over achieving organizational goals, better using human resources and remaining survival in our competitive world.

As an individual behavior based on the performance, being optional and under culture, society and environment, organizational citizenship behavior is related to non-assigned activities and is not an employee’s formal duty. 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.

Because of its importance in the organizational survival and performance, the organizational citizenship behavior is of main topics under investigation in organizations. 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 compatibility. John revealed in a study that improved organizational citizenship behavior increased the organizational effectiveness from 18% up to 28% in some hospitals. 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).

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

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. Other factors are innovative criteria of the work environment for employees, the kind of manager-staff relations, and the sense of embedment and justice in the organization.

Different studies have been conducted on organizational citizenship behavior in Iran and other countries. In Iran, Taghinjazad and colleagues studied the antecedents of organizational citizenship behavior among Iranian nurses in the private hospital (Falsafi Hospital in Gorgan) and one public hospital (Falsafi Hospital in Gorgan). They had a main role in maintaining society’s health status and healthy humans. In addition, organizational citizenship behavior is important in providing high-quality healthcare, and this will be more important when hospitals encounter shortage of their human resources and skillful employees.

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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-e-Jorjani 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 curtsey, 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 colleagues. The internal consistency of the scale was amounted to α = .93 in our study.

**Ethical clearance:** After taking the subjects’ consent and obtaining needed permissions, they were asked to complete the scale by researcher’s 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       | Male           | 71(22.8)| 93.83±8.21    |
|              | Female         | 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   |

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±2.09 among non-therapeutic staff were in the highest rate.

![Figure 1](image-url)
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 |
|---------------|--------------------------------|------------------------------------|----|--------|---------|
| 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(3.1)  | .03 | -.43_8.80   | .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 colleagues on the antecedents of organizational citizenship behavior among Iranian nurses and that by Altuntas and colleagues regarding the relationship between nurses’ organizational trust levels and their organizational citizenship behavior in 11 medical centers located in Turkey. Tofighi and colleagues 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 colleagues 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 colleagues 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 colleagues 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 colleagues did not find any significant difference in organizational citizenship behavior among Iranian nurses by their gender and age range. However, Yaghibou and colleagues 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, Tofighi and colleagues found a significantly positive relationship between employees’ conscientiousness and their educational levels in favor of employees with higher level education. Dirican and colleagues 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 studies 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 potentials for improving performances and increasing the work quality. 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 suffering. Taghinezhad and colleagues 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 Hülya Gündüz 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

**Acknowledgement**
The authors acknowledge the help given by all managers and employees working in the studied hospitals.
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