DO HEALTHCARE PERSONNEL PROMOTE ORGANISATIONAL CITIZENSHIP BEHAVIOURS?

NORAINI OTHMAN
Faculty of Business Management
Universiti Utara Malaysia

ABSTRACT

Healthcare services in Malaysia have evolved over the past century to become among the best in the world, although with strenuous working conditions to the healthcare personnel. This situation, however, provides an interesting avenue to understand whether nurses in the public sector exhibit organisational citizenship behaviours (OCB) amid the working environment that hampers such behaviours. This study explores the OCB practices amongst public healthcare nurses in Malaysia. In general, this study has found that nurses do display OCB in their daily work practices. Results from the 727 respondents indicated that there were no significant relationships between demographic variables and OCB, consistent with earlier studies in this field. The study also found that there were significant relationships between job satisfaction and OCB, and between organisational commitment and OCB. These results indicated that job satisfaction and organisational commitment contributed significantly to the prediction of OCB. Further investigation into each dimension of OCB has found that altruism or helping behaviour had the lowest score and this suggested a contradictory description of job and gender.

Keywords: Organisational citizenship behaviours (OCB); organisational commitment; job satisfaction; nurses.

ABSTRAK

Perkhidmatan penjagaan kesihatan di Malaysia telah berkembang sejak sedah yang lalu untuk menjadi antara yang terbaik di dunia, walaupun dalam keadaan kerja yang merumitkan kepada kakitangan kesihatan. Situasi ini menyediakan ruang yang menarik untuk memahami sama ada jururawat di sektor awam mempamerkan gelagat kewarganegaraan organisasi (GKO) walaupun dalam persekitaran kerja yang menghalang gelagat tersebut. Kajian
ini menyelidiki amalan GKO di kalangan jururawat sektor awam di Malaysia. Secara umumnya, kajian mendapat "bahawa jururawat memperlihatkan GKO dalam amalan kerja harian mereka. Dapatkan kajian daripada 727 responden menunjukkan tiada hubungan signifikan antara pemboleh ubah demografi dan GKO, konsisten dengan kajian-kajian yang lalu. Kajian juga mendapati terdapatnya hubungan yang signifikan antara kepuasan kerja dan GKO, dan antara komitmen organisasi dengan GKO. Hasil kajian ini menunjukkan kepuasan kerja dan komitmen organisasi menyumbang secara signifikan terhadap rancangan GKO. Kajian mendalam terhadap setiap dimensi GKO mendapat "bahawa altruisme atau gelagat membantu mempunyai skor terendah dan ini menggambarkan deskripsi bertentangan antara pekerjaan dan jantina.

INTRODUCTION

Malaysian public healthcare services have evolved over the past century to be among the best in the world. They have been cited by the World Bank and WHO to be as "one of the best among developing countries", as they are comprehensive, easily available and affordable (Chee, 1999). However, working conditions for Malaysia's healthcare personnel are both strenuous and difficult. Even the government has found it hard to break the vicious circle of overwork and low pay that lead the doctors and the nurses to leave the public sector.

According to the Malaysian Ministry of Health (MoH) (2002) statistics, there were 23,672 registered nurses in 1998 or one per 1,000 people. From this number, 18,134 nurses, or 77% worked in the public sector and 5,538 nurses in the private sector (23%). Since private sector medical personnel often enjoy better working conditions as well as better remuneration than public sector personnel, it would be interesting to investigate whether nurses in the public sector exhibit OCB amid the working environment that hampers such behaviour.

OCB are behaviours that are not formally prescribed, but are desired by an organisation. Organ (1988) defined it as:

...individual behaviour that is discretionary, not directly or explicitly recognized by the formal reward system and that in the aggregate promotes the effective functioning of the organisation. By discretionary, we mean that the behaviour is not an enforceable requirement of the role or the job description, that is, the clearly specifiable terms of the person's employment
contract with the organisation; the behaviour is rather a matter of personal choice, such that its omission is not generally understood as punishable. (p. 4)

In essence, the importance of OCB in practice is that it improves organisational efficiency and effectiveness by contributing to resource transformations, innovativeness, and adaptability (Organ, 1988). The empirical and conceptual work in this area suggests two broad categories: (a) OCBO-behaviours that benefit the organisation in general and (b) OCBI-behaviours that immediately benefit specific individuals and indirectly, through this means, contribute to the organisation.

Conceptually, there are several reasons why citizenship behaviours might influence organisational effectiveness (Organ, 1988; Podsakoff & MacKenzie, 1994; Podsakoff, Ahearne, & MacKenzie, 1997). OCBs may contribute to organisational success by: enhancing co-worker and managerial productivity; freeing up resources so they can be used for more productive purposes; reducing the need to devote scarce resources to purely maintenance functions; helping to coordinate activities both within and across work groups; strengthening the organisation’s ability to attract and retain the best employees; increasing the stability of the organisation’s performance; and enabling the organisation to adapt more effectively to environmental changes.

The purpose of this study was to explore OCB practices amongst the public healthcare personnel in Malaysia, focusing on the nurses as they give the first view of healthcare institutions. While the nurses’ pay may not be lucrative, especially those in the government service, their work is essential in the healthcare industry, and it is impossible for any hospital to provide services without their presence. Moreover, their work as partners to doctors justify their role in healthcare services to be equally vital.

Previous studies have shown that low job satisfaction is a major cause of turnover among healthcare providers (Irvine & Evans, 1995), and this in turn affects the quality of service and organisational commitment (Alpander, 1990). Moreover, it also contributes to factor associated with shortage of healthcare providers (Goodell & Van Ess Coeling, 1994). Hence, to provide good services, nurses should have satisfaction in doing their work. Therefore, it is believed that this behaviour could strengthen and be reflected by their commitment to the organisation.

The objectives of this study were, i) to explore OCB practices among nurses in public healthcare institutions; ii) to determine the relationship
between OCB and demographic factors; iii) to investigate the relationship between job satisfaction and OCB; and iv) to explore the relationship between organisational commitment and OCB.

REVIEW OF PRIOR STUDIES

Behaviours consistent with most definitions of being a “good soldier” include pro-social behaviours such as punctuality, altruism, conscientiousness, innovating, and volunteering (Bateman & Organ, 1983; Organ, 1988), as well as the lack of undesirable actions such as complaining, arguing, and finding fault with others (Organ, 1990). According to Brief and Motowidlo (1986), pro-social behaviours are helping behaviours performed to benefit or help individuals, groups, or the organisation with whom an individual interacts while carrying out his or her organisational role.

OCB includes employee behaviours and activities, not called for in the implicit or explicit “employment contract”, which are undertaken voluntarily by employees, and are important contributors to organisational effectiveness (Smith, Organ, & Near, 1983; Organ, 1988). Hence, OCB is job-related, but not tied to the formal reward system and it functions to advance the effective operation of the organisation. In addition, Organ’s (1988) conceptualisation of OCB includes five behaviour types – altruism, courtesy, sportsmanship, conscientiousness, and civic virtue, and all of these dimensions are necessary for effective organisations.

Furthermore, as organisational citizenship is not a part of the formal evaluation and reward system, failure to engage in these behaviours cannot be formally penalised (Van Dyne, Cunnings, & McLean Parks, 1995).

Job Satisfaction and OCB

Locke (1969) defined job satisfaction as the pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values. However, job satisfaction has a broad conceptual domain, because it includes all characteristics of the job itself or the work environment that an employee finds rewarding, fulfilling, satisfying, frustrating, and unsatisfying (Churchill, Ford, & Walker, 1974).
According to reciprocity norms, higher levels of job satisfaction would encourage employees to engage in service-oriented behaviours that are valued by the firm (Bateman & Organ, 1983). There is empirical support for the positive path relationship between job satisfaction and various forms of OCBs such as those by Bateman and Organ (1983), Organ and Ryan (1995), and Smith et al. (1983).

Moreover, there is substantial support for the relationship between job satisfaction and OCB. A study by Battencourt, Meuter, and Gwinner (2001) found that job satisfaction is a key predictor of loyalty OCB. This study aligns with an earlier study by Williams and Anderson (1991) that provided support for the JS-OCB relationship, in which it was found that the cognitive component of job satisfaction significantly predict what they labelled OCBI and OCBO. Moreover, the Smith et al. (1983) and Moorman (1993) studies also found job satisfaction to be a significant predictor of OCB.

Organisational Commitment and OCB

Organisational commitment is defined as the relative strength of an individual’s identification with and involvement in an organisation (Mowday, Porter, & Steers, 1982). There is a substantial amount of empirical research which supports the relationship between organisational commitment and OCB; such as by O’Reilly and Chatman (1986), Morrison (1994), Munene (1995), and Carson and Carson (1998). Schappe’s (1998) study examined the effects of job satisfaction, perception of fairness, and organisational commitment on OCB and found that only organisational commitment was a significant predictor of OCB and this aligns with the earlier study by O’Reilly and Chatman (1986).

However, some other researchers have found that organisational commitment was not related to OCB. For example, Williams and Anderson (1991) found that organisational commitment was not related to any form of OCB. Similarly, Tansky (1993) in a study of organisational supervisors and managers, found no significant relationship between organisational commitment and the five dimensions of OCB. Moorman, Niehoff, and Organ (1993) in a survey of 420 workers in a national cable TV Company, found that neither organisational commitment nor job satisfaction was related to OCB.

Demographic Factors and OCB

Demographic variables such as organisational tenure and gender were not found to be related to OCB (Podsakoff, MacKenzie, Paine, &
Bachrach, 2000). The findings that gender was not related to citizenship behaviours are somewhat surprising, given that Kidder and McLean Parks (1993) discussed a number of plausible theoretical reasons why they ought to be. They also noted that empathetic concern and perspective taking should influence both helping behaviour and courtesy, and these traits are associated with females, which was similar to the Davis (1983) findings. This aligns with a recent meta-analysis by Konrad, Ritchie, Lieb, and Corrigall (2000), which found that when compared to males, women preferred job attributes that involve helping others, making friends, and working with others.

The Cockburn (1991) and Hall (1993) studies found that women and men are often considered to be differentially qualified for various types of jobs, based on their socialised gender roles. The nursing profession is clearly a stereotypically "female" occupation. As caring is an essential component of a nurse's job and strongly associated with helping (Held, 1990), therefore, caring and helping are also commonly associated with the feminine gender role (Folbre, 1995). Fagin and Maraldo (1988) found that nursing is 96% being practised by females. Research on male nurses has shown that they perform more of the impersonal caring tasks in comparison to their female counterparts, suggesting that these male nurses follow their gender roles even within a female-dominated occupation (Williams, 1993). Because caring is an integral part of a nurse's job, it is likely that nurses would view helping as part of their occupational identity, thus increasing their propensity to perform helping behaviours.

Length of time (tenure) in the organisation has also been found to be directly related to positive feelings toward one's employer (Salcic, 1977) and these feelings may result in some levels of OCB. Prior research reported conflicting relationships between OCB and organisational tenure, with Smith et al. (1983) reporting negative, non-significant correlations and Morrison (1994) found modest positive relationships. Furthermore, a study by Turnipseed and Murkinson (2000) found that organisational tenure is positively linked to OCB.

THEORETICAL FRAMEWORK

Based on prior literature, it is anticipated that demographic factors, job satisfaction, and organisational commitment to have a direct relation with the independent variable of this study; organisational citizenship behaviour. The proposed theoretical framework is as follows.
METHODOLOGY

Sample and Data Collection

Samples had been taken from a population of 1024 nurses in two general hospitals using a simple random sampling method. The two hospitals selected are major general hospitals in Kedah, that provide similar medical facilities. Questionnaires were distributed and collected with the help of the hospital matron office. A total of 727 nurse questionnaires were obtained from this research.

Measures

Three measures were employed in the present study, including Job Satisfaction, Organisational Commitment, and OCB. The primary data collection method used a bilingual (Malay and English) questionnaire, to ensure that it was not misleading. All measures of independent and dependent variables, except for demographic variables, used a four-point Likert scale ranging from (1) strongly disagree to (4) strongly agree.

Job Satisfaction

Job satisfaction was measured using a reduced version (20 items) of measurement from Churchill et al. (1974), a scale that assesses employee’s satisfaction with their job, promotion and advancement, pay, supervisor, company policy and support, customers, and fellow
workers. After reverse scoring the items, responses were averaged such that higher scores would indicate greater job satisfaction. This measurement has been shown to have acceptable reliability and nomological validity (Comer, Machleit, & Lagace, 1989).

Organisational Commitment

The short form (9 items) of the Organisational Commitment Questionnaire (OCQ) developed by Mowday, Porter, and Steers (1979) measured organisational commitment. The OCQ is regarded as a measure of affective, as opposed to normative or continuance commitment. After reverse scoring the items, responses were averaged such that higher scores would indicate greater organisational commitment. Strong evidence for the reliability and validity of the organisational commitment scale has been reported by Brooke, Russell, and Price (1988).

Organisational Citizenship Behavior

OCB was measured on the five dimensions scale developed by Podsakoff and MacKenzie (1989). Each of the five constructs: altruism, courtesy, sportsmanship, conscientiousness, and civic virtue included items describing specific behaviours. The psychometric properties of this scale have been reported in Podsakoff, MacKenzie, Moorman, and Fetter (1990) and in Moorman (1991). Both studies found support for a five-dimension model of citizenship and reported reliabilities over 0.70 for each dimension.

RESULTS

From Table 1, the highest mean score was the conscientiousness dimension, followed by courtesy, and sportsmanship for both hospitals. Meanwhile, the altruism dimension had the lowest mean score for both hospitals. The results showed that both hospitals have similar highest and lowest dimensions.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Mean Score of OCB Dimensions by Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dimensions of OCB</td>
</tr>
<tr>
<td>Altruism</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td>B</td>
</tr>
</tbody>
</table>

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(continued Table 1)

<table>
<thead>
<tr>
<th>Dimensions of OCB</th>
<th>Hospital</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courtesy</td>
<td>A</td>
<td>253</td>
<td>3.39</td>
<td>0.38</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>474</td>
<td>3.33</td>
<td>0.38</td>
<td>0.02</td>
</tr>
<tr>
<td>Sportmanship</td>
<td>A</td>
<td>253</td>
<td>3.31</td>
<td>0.47</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>474</td>
<td>3.27</td>
<td>0.48</td>
<td>0.02</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>A</td>
<td>253</td>
<td>3.45</td>
<td>0.39</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>474</td>
<td>3.38</td>
<td>0.43</td>
<td>0.02</td>
</tr>
<tr>
<td>Civic virtue</td>
<td>A</td>
<td>253</td>
<td>3.22</td>
<td>0.36</td>
<td>0.02</td>
</tr>
<tr>
<td></td>
<td>B</td>
<td>474</td>
<td>3.14</td>
<td>0.34</td>
<td>0.02</td>
</tr>
</tbody>
</table>

As illustrated in Table 2, nurses who have been working between 5 to 10 years have the highest mean score of 3.27. From Table 3, the F-value for OCB was 1.37 at a significant level of 0.25, which shows that there were no significant differences in tenure and OCB practices.

Table 2
Mean OCB by Tenure in Nursing Field

<table>
<thead>
<tr>
<th>Tenure</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>16</td>
<td>3.16</td>
<td>0.33</td>
<td>0.08</td>
</tr>
<tr>
<td>More than 1 but less than 5 years</td>
<td>112</td>
<td>3.22</td>
<td>0.26</td>
<td>0.02</td>
</tr>
<tr>
<td>More than 5 but less than 10 years</td>
<td>156</td>
<td>3.27</td>
<td>0.29</td>
<td>0.02</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>443</td>
<td>3.26</td>
<td>0.28</td>
<td>0.01</td>
</tr>
<tr>
<td>Total</td>
<td>727</td>
<td>3.26</td>
<td>0.28</td>
<td>0.01</td>
</tr>
</tbody>
</table>

Table 3
ANOVA on OCB by Tenure in Nursing Field

<table>
<thead>
<tr>
<th>OCB</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>0.32</td>
<td>3</td>
<td>0.11</td>
<td>1.37</td>
<td>0.25</td>
</tr>
<tr>
<td>Within Groups</td>
<td>55.71</td>
<td>723</td>
<td>0.08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>56.03</td>
<td>726</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
From Table 4, the difference of mean score for marital status shows that married nurses have a slightly higher mean score compared to nurses who are still single. Nonetheless, the t-value was -0.56 at a significant level of 0.57 in Table 5, which suggests that there were no differences in OCB practices and marital status.

<table>
<thead>
<tr>
<th>Table 4</th>
<th>Mean OCB by Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>N</td>
</tr>
<tr>
<td>Single</td>
<td>70</td>
</tr>
<tr>
<td>Married</td>
<td>657</td>
</tr>
<tr>
<td>Total</td>
<td>727</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 5</th>
<th>t-test Result on OCB by Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levene's Test for Equality of Variances</td>
<td>t-test for Equality of Means</td>
</tr>
<tr>
<td>F</td>
<td>Sig.</td>
</tr>
<tr>
<td>OCB</td>
<td>0.72</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 6</th>
<th>Pairwise Correlation Matrix Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Altitude</td>
</tr>
<tr>
<td>Altitude</td>
<td>1.000</td>
</tr>
<tr>
<td>Courtesy</td>
<td>0.438**</td>
</tr>
<tr>
<td>Sportsmanship</td>
<td>0.097**</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>0.382**</td>
</tr>
<tr>
<td>Civic virtue</td>
<td>0.282**</td>
</tr>
<tr>
<td>Overall OCB</td>
<td>0.658**</td>
</tr>
<tr>
<td>JS</td>
<td>0.173**</td>
</tr>
<tr>
<td>OC</td>
<td>0.246**</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed)

As shown in Table 6, OCB has a positive significant relationship with job satisfaction at 99% confidence level. This would indicate that job
satisfaction does play an important role in determining OCB practices. Overall, there was a moderate strong relationship between job satisfaction and OCB with $r = 0.33$. It was also found that there was a positive relationship between OCB and organisational commitment. This would indicate that there was a moderate strong relationship between these two variables with $r = 0.40$.

Although not an integral part of the study, nonetheless as shown in Table 7, the variables of organisational commitment and job satisfaction explained 17.3% of the variability in OCB and this was highly significant as indicated by the $F$-value (75.856). Furthermore, an examination of $T$-value (7.434, 3.774, and 26.467 respectively) indicated that organisational commitment, job satisfaction, and constants significantly contribute to the prediction of OCB. Moreover, it was also found that job satisfaction had a collinearity of 0.671 with organisational commitment, which suggested that these two variables have a strong relation.

### Table 7
Stepwise Regression Result

<table>
<thead>
<tr>
<th>Variable</th>
<th>Std Error</th>
<th>$\beta$</th>
<th>Standardized $\beta$</th>
<th>$T$-value</th>
<th>Sig. $T$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational Commitment</td>
<td>0.027</td>
<td>0.198</td>
<td>0.307</td>
<td>7.434</td>
<td>0.000</td>
</tr>
<tr>
<td>Job Satisfaction</td>
<td>0.035</td>
<td>0.134</td>
<td>0.156</td>
<td>3.774</td>
<td>0.000</td>
</tr>
<tr>
<td>Constant</td>
<td>0.086</td>
<td>2.274</td>
<td></td>
<td>26.467</td>
<td>0.000</td>
</tr>
</tbody>
</table>

**DISCUSSION**

In general, this study found that nurses do display OCB in their daily practices. The highest score for dimension was conscientiousness, while altruism was the lowest score. Podsakoff and MacKenzie (1994) defined altruism as undertaking a voluntary action to help another person with
a work-related problem. This shows that nurses could not display helping behaviour, perhaps due to heavy workload, and the shift-work system deterring them from helping others. In terms of workload, it is no secret that nurses in public hospital are uncalled-for compared to those in private hospitals. Although the suggested nurse-to-patient ratio in general wards are one nurse for every six patients, and in high dependency wards being one nurse for every one patient, the ratios only exist on paper. In real practice, the ratio of nurse-to-patient is as the conditions call for; usually being more than the nurses can deal with.

This finding contradicts with a recent meta-analysis by Konrad et al. (2000), which found that women preferred job attributes involving helping others, making friends, and working with others. This is also not consistent with the results by other researches such as by Gabriel and Gardner (1999), in which it was found that women tend to emphasise more relational identities and exhibit more helping behaviour (Bridges, 1989). Moreover, Davis (1983) noted that empathetic concern and perspective taking should influence both helping behaviour and courtesy, and both of these traits are associated with females. In addition, women and men are often considered to be differentially qualified for various types of jobs, based on their socialised gender roles, as previously mentioned.

Meanwhile, conscientiousness provides the highest score. Conscientiousness refers to individual characteristics such as persistence, planfulness, carefulness, responsibility, and hardworking (Barrick & Mount, 1991). Conscientiousness has consistently been linked to task performance in organisations (Barrick & Mount, 1991; Tett, Jackson, & Rothstein, 1991). The finding that nurses exhibit high conscientiousness behaviour was somewhat surprising, because this contradicts with the argument by Kidder and McLean Parks (1993), who showed that males are more likely to engage in conscientious behaviour than females. Conscientious behaviour suggests an exchange orientation or an emphasis on quid pro quo, frequently associated with a male preference for equity over equality. However, in this study, it was found that female nurses exhibit high traits in this behaviour. Although, this is rather unusual, nonetheless, it may be possible that women have gone beyond what has been found by past researchers, that is, female displaying more altruism and courtesy behaviours than other behaviours (Seymour & Buscherhof, 1991; Stockard, Van de Kragt, & Dodge, 1988).
The inconsistent result may be due to the questions asked. Questions on conscientiousness in this study were such as, “Is always punctual”, “I never take long lunches or breaks”, “Obey company rules, regulations, and procedures even when no one is watching”, and “Do not take extra breaks”. Based on these questions, nurses should display high conscientiousness, due to the nature of their job giving services to the sick, and as government servants who need to follow the policies and procedures set by the government.

Prior research reported conflicting relationships between OCB and organisational tenure, with Smith et al. (1983) reporting negative, non-significant correlation, Morrison (1994) finding modest positive relationships, Podsakoff et al. (2000) reporting insignificant correlation, and Turnipseed and Murkinson (2000) revealing that organisational tenure is positively linked to OCB. Therefore, the finding from this study supports results by Podsakoff et al. (2000) and Smith et al. (1983), and this result does not support the theoretical framework proposed for the study.

Results of this study suggest a significant relationship between job satisfaction and OCB. It indicates that job satisfaction significantly contributes to OCB practices. The results are aligned with findings by Battencourt et al. (2001); Smith et al. (1983); Williams and Anderson (1991); Moorman (1993); Bateman and Organ (1983); Organ and Ryan (1995). Furthermore, positive relationships have also been found in correlation between OCB dimensions and job satisfaction. The highest correlation was civic virtue, while the lowest correlations were sportsmanship and altruism. Civic virtue characterises a person who participates in and is concerned about the life of the company (Podsakoff & MacKenzie, 1994). This behaviour has been found to have the highest correlation between the dimension and OCB in this study, and this reflects that nurses do commit to the organisation as a whole. Meanwhile, the lowest correlations between dimensions and OCB are sportsmanship and altruism. Sportsmanship is a citizen-like posture of tolerating the inevitable inconveniences and impositions of work without whining and grievances (Organ, 1988), while altruism is referred to as the undertaking of a voluntary action to help another person with a work-related problem (Podsakoff & MacKenzie, 1994). This result shows that nurses do not display sportsmanship and altruism behaviours, perhaps due to the nature of their job in dealing with the public service, being bounded by the government policies and procedures, and taking care of the patients. This may lead to the feeling of stress and tension.
In line with Carson and Carson (1998), Morrison (1994), and Munene (1995), organisational commitment has been found to have a significant relationship to OCB practices in this study. The study also found that in terms of correlation between the dimension and OCB, the lowest and highest correlation were sportsmanship and civic virtue, respectively. Moreover, the findings show that organisational commitment is a significant predictor of OCB, and this supports findings by Schappe (1998) and O’Reilly and Chatman (1986). Meanwhile, Organ (1997) suggested that OCBO corresponds more closely to conscientiousness, but a recent study by Coleman and Borman (2000) demonstrated that OCBO might also include civic virtue, as participating in organisational life likely benefits the organisation but is not directed toward any one individual. Civic virtue has been found to have the highest correlation between the dimensions in this study, and it shows that nurses commit to the organisation as a whole, and such behaviour includes participating actively in its governance. These behaviours reflect a person’s recognition of being part of a whole in the same way that citizens are members of an organisation and accept the entailed responsibilities (Podsakoff et al., 2000).

Overall, from this study, it was found that the highest correlation in the OCB dimension was civic virtue for both the measures of job satisfaction and organisational commitment. The probable reason is due to their job requirements as government servants, and the nature of their job which deals with human life. This in turn, would mould their attitude to exhibit high civic virtue.

It was found that the stepwise regression model value suggests that organisational commitment and job satisfaction could only account for 17.3% of the variance expected to be accounted for. Nonetheless, constants having t-value of 26.467 suggest that these nurses project their OCB from unobserved variables, which would warrant further research.

In conclusion, results of this study support the proposed theoretical framework for the study except for the demographic variables that have been found not to be related to OCB. To strive for excellence, successful organisations need employees who are willing to do more than their usual job duties and provide performance that is beyond expectations. Therefore, in order to reach that goal, the management must fulfil the employee’s job satisfaction, understand their motivation, and create suitable work environments.

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