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Organizational Citizenship Behavior and its Relationship with Psychological Capital: A Survey of Hospital Staffs

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ABSTRACT

Background: Economic, physical, and human resources capitals played the most important role in the traditional views of management. However, for development in the current era, social capital is required more than economic, physical, and human capitals. Attitudes and performance of social capital in any organization is one of the important prerequisites for the success in that organization. The aim of this study was to investigate the relationship between psychological capital and organizational citizenship behavior among employees of selected hospitals in Tehran.

Methods: This research was an analytical and applied study that was conducted in 2015. Simple stratified random sampling was conducted based on organizational positions (administrative, financial, and para-clinic) among each class to a certain proportion and based on Cochran formula. Data collection tools included two questionnaires of Luthans psychological capital and organizational citizenship behavior of Netmir. Pearson correlation and hierarchical regression tests were used in order to analyze data in the form of $Spss_{18}$ software at the significant level of 0.05.

Results: Psychological capital and organizational citizenship behavior were desirable among studied hospital staffs. On the other hand, altruism and self-efficacy had the highest mean scores, while chivalry and optimism had the lowest ratings. Hierarchical regression analysis showed that organizational citizenship behavior is able to predict the overall psychological capital ($\beta = 0.285$).

Conclusion: Given that citizenship behavior can clearly predict psychological capital in staff, hospital administrators should try to promote organizational citizenship behavior and consequently psychological capital by involving employees in decisions, consult with them, and hold training courses to motivate them.

Keywords: Psychological Capital, Organizational Citizenship Behavior, Hospital

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Introduction

Psychological capital includes new issues that have been entered into the field of organization and management in the past decade. So far, three important capitals, i.e., financial, human, and social capitals had been considered by organizational researchers (1). Luthans and his colleagues coined the term psychological capital based on the movement of positive psychology and positive organizational behavior in the workplace. Psychological capital is a structure consisting of four components of self-efficacy or confidence (to become commitment and put the necessary efforts into challenging tasks to succeed), optimism (having positive citations about successes of present and future), hopefulness (stability in the way of achieving purpose and, if necessary, redirection of the path to reach goal for success), and resiliency or flexibility (stability while faced with hardships and difficulties to achieve the success) (2).

Today, many people are encountered with stress at work and job burnout has risen as an emotional exhaustion syndrome that caused reduction of professional effectiveness in people. Necessary for the proper operation in such a situation is to create ongoing organizational transformations, both in terms of behavioral and structural aspects. Having psychological capital enables people to cope with stressful situations better, have less stress, have high power to cope with problems, reach clear view about themselves, and be less affected by daily events. Therefore, such people have also higher mental health (3). On the other hand, organizational citizenship behavior was introduced to the world of science for first time by Batman and Ergan in the early 1999s. It is an individual and voluntary behavior that has not been designed directly by formal reward systems in organization. However, it causes effectiveness in performance of the organization. Four key components of organizational citizenship behavior includes altruism (helping colleagues and staff to perform tasks in unusual circumstances), chivalry (to emphasize the positive rather than the negative aspects), civic virtue (requires supporting of the organization's administrative operations), and conscientiousness (doing the assigned tasks in a manner far beyond what is expected) (4).

Organizational citizenship behavior and its associated factors are also important and can be an effective step in organizations' development. This knowledge is more important for health care organizations as effective factors in a country's development process because this behavior provides the necessary flexibility for unpredictable situations and help organization staffs to be together and beside each other (5). Researches in the field of psychological capital and organizational citizenship behavior were conducted separately.

For example, results of a study carried out in 2014 showed that psychological capital growth through implementation of intervention program can be effective to increasing organizational participation and increase managers' commitment on subordinates (6). Results of another study in 2015 showed that the effect of psychological capital on employee engagement (0.63) is significant (7). The results of the study conducted by Thorne et al. (8), also showed that psychological factors are directly linked to organizational citizenship behaviors.

Finally, if the attitude of employees be considered according to psychological reasons affecting their performance, it can have beneficial effects on the behavior and reaction of managers. In the field of health care, investigation of literature showed that no study has been conducted in Iran on investigation of the relationship between psychological capital and organizational citizenship behavior in hospital staff. With regard to the environment and working conditions ruling in hospitals, these types of behaviors can enhance motivation among staff. So, encouraging staff and paving the way for positive and altruistic behaviors will be necessary among hospital staffs. Therefore, the aim of this study was to investigate the relationship between psychological capital and organizational citizenship behavior of selected employees of Iran Medical Sciences University

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hospitals. The results of this research could pave the way for health planners and hospital administrators to focus specially on psychological capital and organizational citizenship behavior.

Materials and Methods

This descriptive, analytical, cross-sectional, and applied research was carried out in 2015. Population of study consisted of all clinical, financial, administrative, and support staff of selected hospitals of Iran Medical Sciences University. For sampling, at first, training and treatment centers' staffs of Iran Medical Sciences University were randomly selected. Accordingly, out of 10 centers, four were selected; Shahid Hasheminejad hospitals, Shahid Motahari, Fatima, and Firoozgar. To select samples from the entire staff of the selected centers, stratified sampling was conducted initially based on two sections (para-clinical, administrative- financial). Then, simple random sampling was carried out from each stratum to a certain proportion of Cochran formula. The final sample size was 200 people which 250 participants were considered due to potential loss (10%). Data collection tools were two questionnaires. To assess the psychological capital, as the 24-item questionnaire of Luthans et al. (1-5), was applied (5-point Likert scale, from strongly agree to strongly disagree) .

This questionnaire contained four aspects of self-efficacy (questions 1-6), hope (questions 7-12), flexibility (questions 13-18), and optimism (questions 19-24) with a score range of 24 to 120. Luthans et al. reported the reliability of the questionnaire above the 0.90 (9-11). The second questionnaire was used to assess organizational citizenship behavior. It was a 12-item questionnaire of Netmir (1997) in four dimensions (with a range of 5 options from very low to very high (1-5)): fairness (Questions 1-3), civil behavior (questions 4-6), conscientiousness (questions 7-9), and altruism (questions 10-12). Scores slope was from 12 to 60. Reliability and validity of this questionnaire were confirmed by Cronbach's alpha coefficient and opinions of statistic professors in various studies (12,13). It should also be noted that in this study due to different treatment environment conditions than other enterprise environments, the two questionnaires were administered to several professors and experts to measure the content validity of the questionnaires. To test reliability of the questionnaires a pilot study was conducted among 30 participants, the calculated reliability by using Cronbach's alpha were 0.92 and 0.96, respectively. The questionnaires were collected anonymously and with confidentiality from employees. Data was analyzed by $SPSS_{18}$ software after collecting and scoring the questionnaires. Pearson correlation test and hierarchical regression were also used to analyze the data (to predict the values of a variable on other variables) at the significant level of 0.05.

Further, in the current study all ethical issues were observed based on the Helsinki Declaration.

Results

According to the findings, 108 employees were women and 92 were men. More than half of employees (56%) were aged between 32 and 37 years and 70.5% of them were married while 29.5% were single. The education levels of participants were as follows: 20.5% had diploma, 26% associate degree, 42% bachelor, 10 % master's degree, and 0.5 % (one people) had Ph.D.

Among employees, 27.5% were formally employed, 23.5 % were contracted, 7.5 % were spending their plan period, and 41.5 % of them had contracts. Work experience of most employees (55%) was from 5-10 years. In this study, 123 people participated from Para-clinical departments, 22 people from financial departments, and 55 people from administrative sectors (Table 1).

According to Results, organizational citizenship behavior with an average score of 36.49 (more than the considered average (15)) had the highest desirability among training and therapeutic centers staff, altruism had the highest mean score (11.34), and chivalry had the lowest average score (5.97) among the staff in the dimensions of organizational citizenship behavior. On the other hand, psychological capital with an average score of 106.02 (more than the considered average (36))

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had high compliance among health care workers, self-efficacy had the highest mean score (29.35), while optimism had the lowest score (24.21), respectively in the dimensions of psychological capital (Table 2).

Organizational citizenship behavior and psychological capital (r = 0.285, P-value < 0.05) had a significant positive, direct, and significant correlation with each other, also all aspects of psychological capital had direct and significant correlation with organizational citizenship behavior (Table 3).

Finally, hierarchical regression analysis showed that organizational citizenship behavior is able to predict general psychological capital (β = 0.285) and 0.081of the variance of psychological capital is explained with it (r^2 = 20.081) (Table 4).

Table 1. Frequency distribution of educational centers' staff positions in Iran Medical Sciences University

Organizational position	Number	Percentage (%)
Medical equipments	25	12.5
Accounting	22	11
Personnel selecting	29	14.5
Radiology	22	11
Laboratory	21	10.5
Drugstore	25	12.5
Social work	26	13
Medical documents	30	15

Table 2. Mean and standard deviation of organizational citizenship behavior and psychological capital dimensions scores

Dimensions	Average	Standard Deviation	Variance
Chivalry	5.97	1.967	3.868
Civil behavior	8.48	2518	6.341
Conscientiousness	10.71	2121	4.498
Altruism	11.34	239	5.713
Organizational citizenship behavior	36.49	5.405	29.216
Self efficacy	29.35	3.483	12.128
Hopefulness	26.69	3.654	13.353
Flexibility	25.78	3.776	14.256
Optimism	24.21	4.968	24.679
Psychological capital	106.02	9.741	94.884

Table 3. Correlation between organizational citizenship behavior and dimensions of psychological capital

Variables	Coefficient*	P
Self-efficacy	0.264	0.001**
Helpfulness	0.242	0.001**
Flexibility	0.115	0.001**
Optimism	0.109	0.001**
Psychological capital	0.285	0.001**

* Pearson correlation coefficient

**Significant at the 0.05 level

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Table 4. Results of hierarchical regression analysis of citizenship behavior on the psychological capital

Predictor variable	R	r^2	F	P	Regression Coefficient
Organizational citizenship behavior	0.285	0.081	17.529	0.001*	ß = 0.285 t = 4.187

*Significant at the 0.05 level

Discussion

Recently, organizational citizenship behavior and psychological capital have been identified as two positive behavior features that if rise in an organization's employees, they will develop and promote the positive performance of an organization (14). The research findings showed that workers of health care centers of Iran Medical Sciences University are desirable in terms of organizational citizenship behavior. The highest mean scores were related to altruism with an average of 11.34, conscientiousness with an average score of 10.71, civil behavior with average of 8.48, and chivalry with an average of 5.97.

Since one of the main differences between health care organizations and industrial organizations is their human dimension of services, hence, high scores of altruism and helping others dimension confirm the commitment of health and centers staff to the mission of these organizations (bringing people to the maximum desirable health level). Additionally, chivalry emphasizes the positive aspects of the organization rather than its negative aspects. In hospitals due to continuous confrontation with the patients, their families, and a lot of stress and worries, the staff have poor positive spirit. In this regard, Huang's findings (15) showed that the hospital could lead to increase organizational citizenship behavior by affecting the organizational ethical atmosphere, job satisfaction, and organizational commitment.

Altonans (16) showed in a study that the scale of organizational citizenship behavior level in nurses was more with good conscience and moral virtues. It can be said that nurses had high philanthropy spirit. The results of this research also showed that there was an appropriate level of psychological capital among hospital staff. The highest mean scores were respectively related to the characteristics of self-efficacy or confidence (29.35), hope (26.69), flexibility (25.78), and optimism (24.21). Since the purpose of self-efficacy is commitment and effort to succeed at challenging tasks and because having these features in hospitals' staff, as a part of their job is critical, the mean score of this feature was very high. Staffs' optimism or positive thinking (like the feature of chivalry that was low in this study) had lower mean score that is due to the specific conditions and environments prevailing in hospitals.

In this regard, Salehi et al. (17), in their study showed that resilience had the highest while optimism had the lowest rank. The study of Rahiminiya and Amani (18) also indicated that values of psychological capital components among studied nurses were higher than the average. This represents the psychological capital and job burnout among hospital nurses of North Khorasan Province. This study also showed that situation of three variables including lifestyle, job burnout, and psychological capital of nurses in hospitals was higher than the average. Karimi et al. (19) in their study showed that the average of all psychological capital components among nurses of Mashhad Ghaem hospital was higher than the average.

One of the most important factors to provide safe, effective, and qualified cares by staff of medical science organizations is emotional and psychological well-being of them. Several factors affect well-being, including engagement and work stress, positive and negative emotions, and psychological capital. The results of this research showed a significant and positive relationship between psychological capital and organizational

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citizenship behavior. This finding is aligned with research findings of Norman in the United States. (20). The findings of Sun and colleagues (21) showed that improvement and promotion of mental health situation of nurses could lead to a positive effect on their intention and job performance.

Hierarchical regression analysis showed that organizational citizenship behavior is able to predict overall psychological capital. This result is in the same line with result of Valomba and colleagues (22) in 2010 on the effect of leadership, organizational justice, and attitude of employees on the organizational citizenship behavior. It is also in the same direction with the result of research conducted by Smith (23) which showed that the extended interaction with others, close family relatives, religious beliefs are represented as strong predictor factors in organizational citizenship behavior and psychological roles in staff. Salimi et al. (24), showed that among each of organizational citizenship dimensions, the highest score was related to the conscience, with respective mean and standard deviation of 4.62 and 1.62. However, the lowest score was related to the politeness with the respective mean and standard deviation of 3.78 and 0.98. So, with the improvement of citizenship behavior, job involvement increases.

In another study entitled as "Can positive staff help organizational positive changes?" Avi et al. (25) indicated that in the selected case, employees' psychological capital (basic factors such as hope, efficacy, and optimism) with positive emotional states which is associated with attitude (faults and interaction) and their behavior (OCB and deviance) were effective on the organizational changes. On one hand, mindfulness (awareness) was engaged with psychological capital in positive mental moods. Goldsmith et al. (26), also reported a significant and positive relationship between psychological capitals on employees' received rewards. They also showed that staffs' achievements including qualification, skills, experiences, and educational level have important and positive effect on their confidence in doing things. Of course, each of these elements of psychological capital has direct effects on employees' amount of received rewards.

Respondents' information in the study was assured to be confidential through questionnaires. The greatest limitation of this study was access to staffs to distribute the questionnaires due to being busy.

Conclusion

According to the findings of this research and conducted comparisons in this area, it is clear that psychological capital (i.e., having positive attitudes) and organizational citizenship behavior (i.e., having voluntary behavior in the job) are two types of unique and helping behaviors. If organizations provide situations in which these two characteristics raise in all employees, productivity and success of organization will be doubled. So, it is recommended to studied hospitals to hold training courses and workshops for their employees on the principles of organizational citizenship behavior and provide the basis for improvement of organizational citizenship behavior among employees.

It is clear that use of brochures and posters in the field of strengthening indices of citizenship behavior and its components, identification of inter-role and meta role behaviors' ranges, such as citizenship behavior and motivating staffs to implement such behaviors, will not be ineffective in improving organizational citizenship behaviors. With regard to the significant relationship between psychological capital and organizational citizenship behavior in research, it is suggested for managers to involve employees in organizational decision makings and avoid prejudice and discrimination in meetings. Finally, hospital managers should meet their employees' needs by enrichment and displacement of jobs. This will inspire valuable feeling, meaningfulness, and purposefulness at work to employees.

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Code of this project was code number 24639 in 2015.

Conflict of interests

There is no conflict of interests to be declared.

Authors' contributions

Khosravizadeh O and Vatankhah S designed research; Mousavi Esfahani H conducted research; Doosti F and Rahimi M analyzed data; and Khosravizadeh O and Alizadeh S wrote the paper. Vatankhah S had primary responsibility for final content. All authors read and approved the final manuscript.

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