

Nurse managers' knowledge and practices related to organizational citizenship behavior: Cross-sectional survey

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Abstract *Background:* Organizational citizenship behavior (OCB) significantly influences employee performance, accounting for 63% of the variability. OCB's importance is particularly pronounced in private health-care settings, where it bridges operational gaps, facilitates effective communication, and nurtures loyalty and interpersonal harmony. The benefits of OCB are multifaceted, encompassing improved patient care, teamwork, employee engagement, and organizational efficiency, ultimately leading to cost reductions. Employees engaged in OCB tend to propose enhancements and innovative practices, thus mitigating process inefficiencies and superfluous expenses. Moreover, OCB plays a pivotal role in diminishing workplace conflicts, circumventing the need for expensive interventions and cultivating a congenial work environment. This research delves into the understanding and application of OCB among nurse managers. *Methods:* The study employed a cross-sectional survey methodology, executed at Mabert El Asafra East Hospital, Alexandria, Egypt. It encompassed all nurse managers (n=23) who met the eligibility criteria and consented to participate. Data collection hinged on two instruments: The Nurse Manager's Knowledge about Organizational Citizenship Behavior Questionnaire and the Nurse Manager's Practice of Organizational Citizenship Behavior Observational Scale. *Results:* The findings revealed that a substantial proportion of nurse managers (78.3%) possessed a comprehensive understanding of OCB, with the majority (82.6%) exhibiting proficient practice levels of the OCB model. Furthermore, a statistically significant linkage was observed between the nurse managers' knowledge of OCB and their practical application of it, indicating a variance in the actual implementation and demonstration of OCB behaviors despite the presence of knowledge. *Conclusion:* The study underscored a robust and significant positive correlation between the overall knowledge of OCB and the implementation of its various dimensions, namely Altruism, Conscientiousness, Sportsmanship, Courtesy, and Civic Virtue, as perceived by the nurse managers. The implications for nursing management are profound. Nurse managers are encouraged to champion the adoption of OCB among staff nurses to bolster accountability and fortify human resources. They should also strive to cultivate an environment conducive to teamwork, collaboration, and innovation, thereby enhancing interpersonal relationships and optimizing internal processes within healthcare organizations. By exemplifying OCB in their conduct, nursing managers can serve as paragons, inspiring and galvanizing non-managerial nurses to embrace and practice OCB, thereby fostering a culture of excellence and mutual support. (www.actabiomedica.it)

Key words: organizational citizenship behavior, nurse managers, hospital

Introduction

The development of healthcare organizations and competition are connected in the modern period.

Nurse managers need to adopt several behaviors if they want to support nurses' engagement, help them become more change-adaptive, and continue to be highly competitive (1). Nurse managers voluntarily engage in

a variety of actions that are advantageous to a healthcare organization. Under the formal rewards program of the healthcare organization, referred to as organizational citizenship behavior (OCB), these activities are never explicitly or directly recognized (2).

Because they affect their profitability and competition, these behaviors are unquestionably important for private healthcare organizations (3). One of the most widely accepted definitions of OCB is provided by Organ (1988) who defined it 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” (4). Organ (1997) has recently modified his initial definition due to significant disagreement and uncertainty in the literature surrounding the concept’s ambiguity, its overlap with contextual performance, and to meet changing organizational structures and its significance of employment (5). OCB is currently synonymous with contextual performance and is defined as contributing behavior “maintenance and enhancement of the social and psychological context that supports task performance” (6).

In addition, Asbari et al. (2020) defined OCB as “a constructive behavior that is not included in the formal job description of employees, it also facilitates interpersonal relationships between employees with their peers and supervisors because they are often acting that demonstrate sensitivity to the needs of fellow employees and an awareness of the relationships that exist in the workplace” (7). According to Liu and Qi (2022) defined OCB as “behaviors foster a sense of citizenship which entails devoting more time and effort to organizational work than is formally needed” (8).

The dimension of the OCB is a source of debate. Many academics classified behavioral patterns as OCB using a range of characteristics. Organ presented the most well-known model. It has five components: altruism, conscientiousness, sportsmanship, courtesy, and civic virtue (9) as in the following Figure 1.

The first dimension is altruism, which refers to employees helping teammates who are overworked, missing from work due to illness, or that are just beginning to work for the healthcare organization (10). The second dimension of conscientiousness is the pattern of exceedingly minimally required levels of punctual

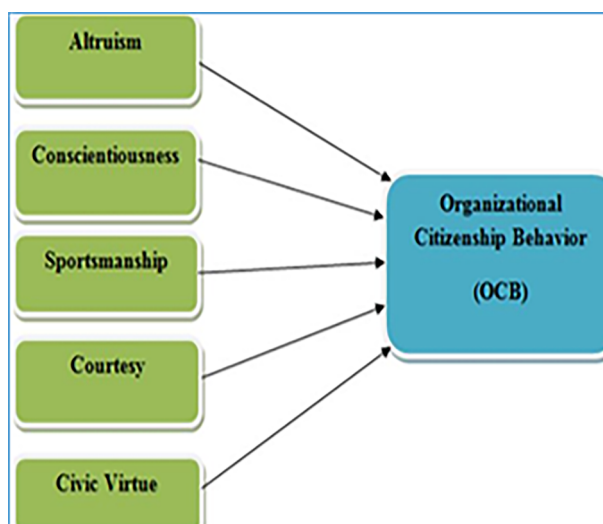


Figure 1. Organ DW, Podsakoff PM, MacKenzie SB. Organizational citizenship behavior: Its nature, antecedents, and consequences. 2006. Sage Publications.

attendance, upholding an organized workplace specifically dedicated to healthcare organizational activities, and compliance with healthcare organizational norms and procedures (11,12).

The third dimension is sportsmanship, which involves avoiding actions that could harm the well-being of staff members and healthcare organizations. It entails reducing the escalation of unimportant concerns, avoiding a focus on what is going wrong at work, and highlighting advantageous aspects of the healthcare organization’s operations (11). The fourth level, the Courtesy dimension, is behavior that aims to keep issues and disagreements amongst coworkers to a minimum. In addition, politeness includes interactions based on participation and consideration, such as warning superiors or coworkers against potentially harmful actions and avoiding conflicts for coworkers (13). For example, nurse managers consider the opinions of others before making judgments or acting (13). The final dimension, civic virtue, refers to the obligation employees have as members of the healthcare organization and is demonstrated by actions that show an employee’s deep concern and a strong interest in the success and continuation of the healthcare organization. Participation in meetings of the healthcare organization, staying informed of changes to the

healthcare organization, coming up with solutions to issues, and contributing to decision-making are all examples of what OCB entails (10,12).

OCB can be divided into two main groups. Altruism and courtesy are examples of behaviors referred to as OCB-individual (OCB-I) within a healthcare organization. The second, referred to as OCB-organization (OCB-O), encompasses behaviors like conscientiousness, civic virtue, and sportsmanship that are advantageous to the entire healthcare organization (13,14). To increase accountability and empower human resources, successful nurse managers utilize strategies to encourage staff nurses to adopt OCB (15). The purpose of OCB is to maintain the health of nurses, coworkers, and the healthcare organization while achieving organizational goals. Additionally, it fosters nurse innovation, teamwork, and collaboration, enhances interpersonal interactions, and streamlines internal operations in healthcare organizations (16,17). Additionally, OCB is a tool that nurse managers can use to create a collaborative workplace, lower staff turnover, lower absenteeism, and improve solidarity in the workplace, all of which improve the efficiency and effectiveness of the healthcare organization (18,19).

Therefore, OCB is essential for the growth of the healthcare organization, and this is particularly important in hospitals where healthcare personnel must collaborate and be innovative. Nurse managers also need to adopt OCB to enhance the organization's reputation and that of its employees (20). In today's highly competitive corporate environment, the lack of OCB has an impact on the organizational image. As a result, this study is being used to evaluate knowledge of OCB and identify behaviors, attitudes, and practices related to OCB that motivate workers to become more engaged, highly moral, highly satisfied, reduce conflict, and provide high-quality care, which results in organizational effectiveness and becomes a highly competitive advantage.

Aims of the study

This study aims to investigate nurses managers' knowledge and practices related to OCB.

Participants and method

Design: A cross-sectional descriptive design was used in this study.

Settings: This study was conducted at Mabert El Asafra East Hospital. All its 13 departments were included in the study. Mabert El Asafra East Hospital was selected because it provides a wide range of services for multi-specialty has a bed capacity of more than 50 beds and has a large number of nurse managers and acceptance of the hospital administrator to conduct the study proposal.

Participants: The target population for this study included nurse managers. A Convenient sampling recruited accessible population is identified based on the following inclusion criteria (a) nurse manager working in an administrative position; (b) has completed at least six months of experience in the study hospital (c) willing to participate in the study. The study sample included all nurse managers who were working in different managerial positions who worked in different settings (N=23).

Instrument: In order to collect the necessary data for the study three tools were used:

- The Nurse manager's knowledge about organizational citizenship behavior questionnaire. This tool was developed by the researcher in English language based on review-related literature (10,11,21-25). To assess the level of nurse managers' knowledge about OCB. It included 15 closed-ended questions as (The best statement that describes organizational citizenship behavior is..., Organizational citizenship behavior consists of all of the following except....., Which of the following personality traits does not belong to OCB?.....etc). Each correct answer was given a score of one and the wrong answer was given a score of zero. The scores of the items were summed - up and converted into percentages scores and were classified as follows: less than 50% = poor level of knowledge, 50-less than 75% =fair level of knowledge, 75% and more than 75% = good level of knowledge (26).
- The Nurse managers practice of organizational citizenship behavior observational scale. It was

developed by the researchers in English language based on a framework of reviewed literature (4,25,27). To observe the nurse manager's practice of citizenship behavior. The scoring system was measured by three Likert scales, where (2) = done, (1) partially done, and (0) = not done. It consists of 23 items classified into five dimensions namely: namely Altruism (4 items), Conscientiousness (6 items), Sportsmanship (5 items), Courtesy (4 items), and Civic Virtue (4 items). The scores of the items were summed - up and converted into percentages scores and were classified as follows: less than 50% = poor level of perception regarding OCB practice, 50- less than 75% =fair level of perception regarding OCB practice, 75% and more than 75% = good level of perception regarding OCB practice (26).

Method

The two tools (1,2) were translated into Arabic and tested for their content validity by a panel of five experts in the field of the study. They were five professors of Nursing Administration, Faculty of Nursing, Alexandria University. No modifications were done, The Nurse managers' practice on the OCB observational scale was tested for reliability. The internal consistency reliability was assessed using Cronbach's alpha coefficient. The reliability of tool (2) nurse managers' practice of organizational citizenship behavior observational scale was =0.906. A pilot study was carried out on 10 % of nurse managers (n=3) in order to check and ensure clarity of tools, applicability, and feasibility, and to identify obstacles and problems and no modifications were done.

Statistical analysis

The data that was gathered was analyzed using SPSS version 23. While inferential statistics, such as the student's t-test and analysis of variance (ANOVA), were used to compare means of the OCB knowledge and practice subscales according to the socio-demographic characteristics, descriptive statistics (frequencies, means, standard deviations, percentages)

were used to quantify the demographic and work-related characteristics. The association between was investigated using the correlation coefficient between the OCB knowledge and practice.

Ethical considerations

The study subjects provided written informed consent after being informed of the purpose of the research and that their participation was voluntary. The hospital director at the study units also obtained witness written consent for observation after being informed of the study's purpose. Confidentiality regarding data collection was maintained throughout the study, participants' privacy was preserved, and the participants were guaranteed the right to withdraw from the study.

Results

Table 1 shows that more than one-third of the studied nurse managers in the Mabert El Asafra East Hospital (39.1%) were in the age group ranged from 40 to less than 50 years old. In relation to gender, this table revealed that 73.9% were female. Regarding marital status, the same table shows that the majority of the studied nurse managers (87%) were married. Also, more than three-quarters of nurse managers (78.3%) were professional nurses (had Bachelor Degree in Nursing science BSc Ng).

Concerning the years of experience in the nursing profession, 60.9% of the studied nurse managers had more than 15 years of experience with a mean year of experience 18.95 ± 38 . In relation to years of experience in the current job position, this table illustrates that 26.1% of the nurse managers had more than 15 years of experience in the current position with mean years of experience 11.78 ± 7.81 .

Table 2 revealed more than two-thirds of studied nurse managers (78.3%) had good knowledge of the OCB model. While 21.7% had a fair knowledge level of OCB. No one has poor knowledge.

Table 3 revealed that most nurse managers (82.6%) had good practice levels of the OCB model.

Table 1. Distribution of the studied nurses managers according to their sociodemographic characteristics at Mabert El Asafra East Hospital (N=23).

Demographic characteristics		N	%
Age	20 to less than 30	1	4.3
	30 to less than 40	8	34.8
	40 to less than 50	9	39.1
	50 years or more	5	21.8
M±SD	43.78±8.21		
Gender	Male	6	26.1
	Female	17	73.9
Marital status	Married	20	87
	Single	2	8.7
	Divorced	1	4.3
Level of education	Professional nurse	18	78.3
	Diploma	3	13.1
	Master degree	1	4.3
	Doctoral Degree	1	4.3
Job position	Nurse director	1	4.3
	Nurse director assistance	1	4.3
	The supervisor worked in the open unit	4	17.4
	The supervisor worked in the closed unit	4	17.4
	First-line nurse managers	13	56.6
Years of experience in the nursing profession	1<5	1	4.3
	5<10	3	13.1
	10<15	5	21.7
	≥15	14	60.9
M±SD	18.95±7.38		
Years of experience in the current job position	<1	2	8.8
	1<5	5	21.7
	5<10	5	21.7
	10<15	5	21.7
	≥15	6	26.1
M±SD	11.78±7.81		

While 17.4% had a fair practice level of OCB. Indicate also poor knowledge.

The same table shows the highest mean in the conscientiousness dimension while the lowest in the sportsmanship dimension.

Table 4 illustrates that there was a strong positive correlation ($p=0.000$ $r=.832$, $p=0.000$ $r=.823$, $p=0.000$ $r=.762$, $p=0.000$ $r=.832$, $p=0.000$ $r=.771$, $p=0.000$ $r=.782$ respectively) between the total OCB knowledge level and the practices of all OCB dimensions, namely: Altruism, Conscientiousness, Sportsmanship, Courtesy, and Civic virtue dimensions.

Table 5 shows no significant relationship between nurse managers' level of knowledge about OCB and their sociodemographic characteristics namely (Age, gender, marital status, qualification, job position, years of experience in the nursing profession, and years of experience in the current job position) (.447, .576, .546, 1.000, .756, .213, .077 respectively). indicate that there is no strong evidence to suggest that these variables have a significant impact on nurse managers' knowledge about OCB.

Discussion

The results of this study show that there is a positive statistically significant difference between nurse managers' OCB knowledge and practices.

The recruitment of qualified and experienced nurse managers at Mabert El Asafra East Hospital is one element that may have contributed to these findings. Most of the time, nurse managers provide periodic feedback to nurses, have excellent four types of communication (upward, downward, horizontal, and diagonal). Also, this study reveals that the conscientiousness dimension had the highest mean score. This may be because nurse managers more compliant with hospital rules and regulations even when no one is looking as it was observed during data collection period by applying Personal Protective Equipment (PPE) for their safety and placing an emphasis on teamwork. In addition, nurse managers make sure patients are discharged from the unit with permission from the hospital and that the doctor has marked the patient for surgery before the patient enters the operating room. First-line nurse managers are given writing assignments to inform subordinate nurses about their specific responsibilities and to encourage them to take part in decision-making regarding a range of nursing interventions.

Table 2. Distribution of the studied nurse managers according to their level of knowledge about OCB model.

Nurse manager's level of knowledge of OCB (N=23)	Items % Score						Min-Max.	Mean ±SD
	Good (≥75%)		Fair (50 %- < 75%)		Poor (<50%)			
	N	%	N	%	N	%		
	18	78.3	5	21.7	0	0.0	8-15	13.22±2.35

Abbreviation: M±SD: Mean±standard deviation.

Table 3. Distribution of the studied nurse managers according to their practices of OCB model.

Nurse manager's level of practices of OCB (N=23)	Items % Score						Min-Max.	Mean ±SD
	Good (≥75%)		Fair (50 %- < 75%)		Poor (<50%)			
	N	%	N	%	N	%		
	Altruism dimension	19	82.6	3	13.0	1	4.3	3-8
Conscientiousness dimension	21	91.3	2	8.7	0	0.0	7-12	10.65±1.34
Sportsmanship dimension	6	26.1	10	43.5	7	30.3	3-7	6.26±2.04
Courtesy dimension	22	95.7	1	4.3	0	0.0	5-8	7.65±0.83
Civic virtue dimension	23	100.0	0	0.0	0	0.0	6-8	7.39±0.84 5
Overall nurse manager practices of OCB	19	82.6	4	17.4	0	0.0	30-43	39.21±3.76

Abbreviation: M±SD: Mean±standard deviation.

Albloush et al. (2013) and Kataria et al. (2013) support this finding that OCB knowledge could enhance staff and manager competencies and routines with regard to problem-solving, scheduling, planning, and service quality (28). Additionally, Palouzian and Hosseini (2016) noted that OCB positively affects employee's and customer's perception about the organization, as in conscientiousness dimension employees become more join meetings and represent extra efforts for the effectiveness of the organization to promote quality in the organization. According to Asif et al. (2013), OCB has a favorable impact on employees' attitudes, especially the altruism, courtesy and conscientiousness dimensions, which make them more hopeful, optimistic, resilient, and productive. These traits boost job satisfaction and organizational commitment (29).

The present study's results also revealed that sportsmanship had the lowest mean percentage. This may be because nurse managers were preoccupied with

the interviews for new internship students who would be hired by the hospital, and nurse managers also believed that a group of the nursing staff was unstable because of the internship student and new graduate, which led some nurse managers to complain about an increase in the nursing staff's turnover rate. Mohamed et al. (2021) indicated that the highest mean of OCB was courtesy, and the lowest mean of OCB was sportsmanship, supporting the current findings (31).

In accordance with the findings of the current study, Mohammed et al. (2021) discovered that sportsmanship had the lowest mean score of the OCB and that nurses' perceptions of altruism had the highest mean scores (31).

On the other hand, Ahmadi et al. (2016) had the greatest results in the sportsmanship category. It encompasses a set of values, attitudes, and actions that promote fair performance, integrity, and respect for opponents, officials, and the spirit of the profession. Sportsmanship

Table 4. The correlation matrix between studied nurse's managers' knowledge and all dimension of the organizational citizenship behavior model.

		Overall OCB knowledge level	Altruism dimension	Conscientiousness dimension	Sportsmanship dimension	Courtesy dimension	Civic virtue dimension
Altruism dimension	r	.619**					
	P	.000					
Conscientiousness dimension	r	.674**	.508**				
	P	.000	.000				
Sportsmanship dimension	r	.742**	.545**	.552*			
	P	.000	.000	.000			
Courtesy dimension	r	.586**	.615**	.389**	.543**		
		.000	.000	.001	.000		
Civic virtue dimension	r	.672**	.573**	.533**	.530*	.674**	
	P	.000	.000	.000	.000	.000	
overall practices of OCB	r	.832**	.823**	.762**	.832**	.771**	.782**
	P	.000	.000	.000	.000	.000	.000

r: Pearson correlation; *Significant p at ≤ 0.05 ; **high significant p at ≤ 0.001 ; $r \geq 0.9$ very strong correlation; $r 0.7- < 0.9$ strong correlation; $r 0.5- < 0.7$ moderate correlation.

goes beyond winning or losing and emphasizes the importance of character, sportsmanlike conduct, and positive interactions within the community. Additionally, Mohammed et al. (2021) discovered that the Conscientiousness dimensions had the lowest mean score. This might be because nurses appreciate working together with their coworkers to complete their tasks. However, when the workload is increased, nurses are unable to take on more tasks, join meetings, provide suggestions, or volunteer for problem-solving (31,32).

In addition, the results of the present study illustrate that there was no statistically significant relationship between nurse managers' level of knowledge about OCB. In the same line El-Nahas, Osman, and Elsayed reported no statistically significant difference in relation to age, gender, marital status, and years of experience at the specialized hospital in Port Saied (33).

Conclusion

(78.3%) had good knowledge of the OCB and most nurse managers (82.6%) had good practice levels of the OCB model. Also, the study shows statistically

significant difference between nurse managers' OCB knowledge and practices. Hospital managers Create and coordinate OCB training programs for nurse managers and all nurses in relation to adopting the OCB model inside or outside of the healthcare organization, in conjunction with the nursing faculty. They should incorporate the ideas and proposals of nurse managers and nurses into the operations of the healthcare organizations. Also, reducing workload and delivers high-quality care by offering hospitable working conditions through the availability of adequate employees and resources. nurse managers should Plan meetings with nurse supervisors and nurses to hear their ideas to foster a positive work environment with open communication. They should Keep work environment clean, encourage nurses to follow rules and regulation and appreciate them always, and reduces workload and delivers high-quality care by offering hospitable working conditions through the availability of adequate employees and resources and assigning time schedules in fair way. Nurses should participate in learning initiatives to increase knowledge, the quality of their work, and the satisfaction of patients. By offering unique solutions, you can inspire nurses to think outside the box

Table 5. Relationship between sociodemographic characteristics and studied nurses' managers' level of organizational citizenship.

Demographic characteristics		Fair (n =5)		Good (n =18)	
		N	%	N	%
Age	20 to less than 30	0	0.0	1	5.6
	30 to less than 40	3	60.0	5	27.8
	40 to less than 50	2	40.0	7	38.9
	50 years or more	0	0.0	5	27.8
		$\chi^2(\text{MC p})$ 2.679 (0.447)			
Gender	Male	2	40.0	4	22.2
	Female	3	60.0	14	77.8
		$\chi^2(\text{FE p})$ 0.641 (0.576)			
Marital status	Married	4	80.0	16	88.9
	Single	1	20.0	1	5.6
	Widow	0	0.0	1	5.6
		$\chi^2(\text{MC p})$ 1.803 (0.546)			
Qualification	Professional nurse	4	80.0	14	77.8
	Diploma	1	20.0	2	11.1
	Master degree	0	0.0	1	5.6
	Doctoral Degree	0	0.0	1	5.6
		$\chi^2(\text{p})$ 1.544 (1.000)			
Job position	Nurse director	0	0.0	1	5.6
	Nurse director assistance	0	0.0	1	5.6
	Supervisor	1	20.0	7	38.9
	First-line nurse	4	80.0	9	50.0
		$\chi^2(\text{MC p})$ 1.835 (0.756)			
Years of experience in the nursing profession	1<5	0	0.0	1	5.6
	5<10	2	40.0	1	5.6
	10<15	0	0.0	5	27.8
	≥15	3	60.0	11	61.1
		$\chi^2(\text{MC p})$ 4.444 (0.213)			
Years of experience in the job position	<1	0	0.0	2	11.1
	1<5	3	60.0	2	11.1
	5<10	2	40.0	3	16.7
	10<15	0	0.0	5	27.8
	≥15	0	0.0	6	33.3
		$\chi^2(\text{MC p})$ 7.193 (0.077)			

Abbreviations: χ^2 : Chi square test; MC: Monte Carlo; FE: Fisher Exact. *Significant p at ≤ 0.05 ; ** high significant p at ≤ 0.001 .

and get active in problem-solving. Encourage nurses to provide ongoing reports to nurse managers.

Strengths and limitations

This study has several strengths. Using a cross-sectional design allowed for measuring various variables in the population sample at a specific time, providing accurate data less prone to biases than case series or case reports. The study focusses on Nurse Managers: The study specifically targets nurse managers, who hold key leadership positions within healthcare organizations. By focusing on this specific group, the study provides insights into the knowledge and practices of individuals who have a significant impact on the work environment, employee engagement, and organizational outcomes. Inclusion of Knowledge and Practices: The study examines both nurse managers' knowledge and their actual practices related to OCB. This comprehensive approach allows for a more comprehensive understanding of the relationship between knowledge and behavior, providing valuable insights into the factors that may influence the translation of knowledge into action., addressing a topic that has yet to receive much research attention in the healthcare context. There are some restrictions to take into account, though. First of all, because the study was limited to one institution, the findings' generalizability needs to be strengthened. Second, other variables that can have an impact on OCB were not measured. A paper-based questionnaire also necessitated a lot of data entering and cleaning work.

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Author contribution: AA and SM planned the study and made substantial contributions to conception and design, or acquisition

of data, or analysis and interpretation of data. AA, MAZ, and SM were major contributors in writing and drafting the manuscript. MAZ and AA were major contributors in writing the Discussion section. All authors given final approval of the version to be published and Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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