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Nurse Manager's Leadership and Communication Skills and a Registered Nurse's Organizational Citizenship Behavior, Satisfaction, and Intent to Leave

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College of Health Professions

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Emmitte J. Hall

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Abstract

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by

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MPhil, Walden University, 2020

MHA, University of Phoenix, 2007

BSN, University of Phoenix, 2005

ADN, Tyler Junior College, 1991

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy, Health Care Administration

Walden University

February 2022

Abstract

The Veteran's Health Administration (VHA) is the largest employer of registered nurses in the United States. The American Association of Colleges of Nursing predicts there will be a nursing shortage through the year 2030 and replacing and training each nurse is expensive and negatively impacts patient care. A review of the literature showed organizations with high levels of organizational citizenship behavior (OCB) had high levels of job satisfaction, which reduces turnover, but there was no research on the existence and impact of OCB in a federal health care facility, specifically the VHA. The purpose of this quantitative, correlational research was to identify the relationship, if any, between a nurse manager's leadership and communication skills, using the Leadership and Communication Inventory and an RN's level of OCB and job satisfaction and intent to leave the unit or organization within 1 year. This study was based on the social exchange theory and leader-member exchange theory. An anonymous, voluntary online survey was sent to 1,325 RNs at this VHA, and 144 RNs participated over a 2-week survey window. Seventy-four percent of the RNs had high or medium levels of OCB, but this did not have an impact on job satisfaction or intent to leave. However, there was a statistically significant correlation between a nurse manager's communication and leadership skills and job satisfaction and turnover intention. The results of this research can help the VHA develop strategies to improve job satisfaction and reduce RN turnover to fulfill its mission to veterans leading to improved patient care and positive social change.

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Dedication

I dedicate this to my wife and family for their patience and support, and to my parents for instilling a love of learning in me. I hope this study provides another link in the research for the advancement of the Nursing profession.

Acknowledgments

I want to acknowledge several of the people that helped me accomplish this goal. To my Chairs, Dr. Ken Feldman and Dr. Cheryl Cullen who guided me on this long journey, and to Dr. Maria Thomas, Dr. Ruth Robert, Eric Grempe and Dr. Dena Allen and the staff and leadership of the VHA for their support in my research.

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Chapter 1

Introduction

The American Association of Colleges of Nursing (AACN, 2019) expects a nationwide shortage of Registered Nurses (RNs) through the year 2030. The U.S. Bureau of Labor Statistics (BLS) projected over 1 million vacancies for nursing positions by 2022 (Knowles, 2018). Nurses are the largest segment of the health care workforce according to Kavey (2009), and the predicted nursing shortage will have a direct, negative impact on patient care, patient outcomes, and will increase health care costs (Snively, 2016). Two strategies hospitals can take to ensure adequate staffing is to increase nurse recruitment and reduce nurse turnover (Van der Heijden et al., 2019).

The Veterans Health Administration (VHA) is the largest health care delivery system in the United States with a budget of over \$243 billion in 2021 (VHA Office of Public and Intergovernmental Affairs, 2020). The VHA has 170 medical centers and 1255 health care clinic facilities throughout the United States, serving over 9 million patients each year (VHA, 2019a). According to the VHA (2021) there are currently over 42.3 million living veterans and their dependents or approximately 12.7% of the U.S population who are receiving or who are potential recipients of veteran's benefits. This study focused on the RNs at a VHA health care facility in Dallas, Texas.

The VHA employs more than 80,000 nurses, making the VHA the largest employer of nurses in the United States. Keeping and maintaining a highly trained clinical staff is challenging and expensive, and the costs associated with RN turnover can have a detrimental impact on diminishing hospital margins. Replacing a single nurse can cost up to \$64,000 (Park et al., 2016). Cloutier et al. (2015) stated that replacing an

employee can cost between 50% and 200% of the former employee's salary. According to a survey by Nursing Solutions (NSI, 2021), hospitals can lose \$3.6 million–\$6.5 million per year in RN turnover costs. Each percent of change in RN turnover can cost the hospital \$270,800 per year.

Multiple issues with the federal employment process make hiring and retaining qualified employees complex and slow. Issues include high employee turnover, low pay, ineffective recruiting, slow hiring practices, difficulties with managing poor performers, and an outdated position classification system which is tasked with categorizing employee skills and making pay competitive with the private sector. Each of these issues contributes to problems and barriers with recruiting and retaining high quality personnel (Spotswood, 2019). Compounding the problem, the Government Accounting Office predicts that 30% of all VHA employees will be eligible for retirement by 2022 (Spotswood, 2019). The Government Accounting Office reported in 2017 that nearly all VHA hospitals had staffing shortages.

One successful strategy to reduce employee turnover is the promotion of Organizational Citizenship Behavior (OCB). Health care organizations with employees who exhibit high levels of OCB showed increased levels of employee satisfaction, lower RN turnover and improved patient outcomes (Paille' et al., 2015). Since the identification of OCB in 1983, researchers have found the positive effects of OCB in an organization, which include increased employee productivity and efficient use of organizational resources, improved cooperation amongst staff, and a more positive work environment. Higher levels of employee OCB results in improved cooperation with organizational changes made by management, improved stability of the staff, and decreased staff

turnover (Ebrahimpour et al., 2011). Healthcare organizations with strong OCB showed improvements in patient outcomes and customer service, and decreased staff turnover (Ehrhart et al., 2015). Organizations that can maintain a stable clinical staff with decreased staff turnover and improved staff satisfaction, are more efficient and effective.

OCBs are described as discretionary behaviors not formally defined or required as part of the job but are prosocial organizational behaviors that contribute directly to the organization or to individual team members (Bolan, 1997). While there is extensive research on the positive effects of OCB in the private sector (Higgins, 2015), there are no studies that measured the level of and impact of OCB in a federal health care facility (Cullen & Gordon, 2014). In this study I measured the level of OCBs in a VHA facility and determined the relationship between a nurse manager's leadership and communication skills and the impact on the RN's OCB, the nurse's job satisfaction, and the nurse's intention to leave the unit within one year.

Background

The VHA is the largest health care delivery system in the United States with over 1,255 health care clinic facilities serving 9 million veterans annually (VHA, 2019a). A Rand study (Eibner et al., 2015) found that the veteran patient population is older and has more complex health conditions than patients in the private sector. This can result in an increased workload on the nursing staff in the VHA. Another factor that is having a negative impact is the aging of the nursing work force throughout the country. The VHA is not immune from this demographic change. The AACN projects that over 1 million nurses will retire over the next 10-15 years (AACN, 2019).

The VHA ranked near the bottom in the Federal Agency Best Places to Work survey, an annual survey of employees working in the various federal agencies, ranking 132 out of 150 agencies in 2017 (Fedsmith, 2018). The VHA must compete with other health care institutions, both private and public, for the same pool of qualified, licensed nursing personnel.

The BLS (2020) projected that an additional 203,700 nurses will be needed each year through 2026 to address the demand for nurses. The gap between the number of nurses needed to care for the aging U.S. population and the number of nursing school graduates continues to grow (Nurse Journal Staff, 2020). The BLS stated that nursing was the third most in demand job in 2019, and that is expected to continue through 2026. According to the BLS, opportunities for nurses were expected to grow by 15% per year through 2026 (Haddad & Toney-Butler, 2019). The national turnover rate for nurses is 17.8% with a vacancy rate of 9% (NSI, 2020).

The AACN anticipates a 16% increase in demand for nurses to care for the aging baby boomers, which will require an additional 1.09 million more nurses by 2024 (AACN, 2019). The shortage is compounded by an aging nurse work force, the inability of nursing schools to meet the demand for replacement nurses, high turnover rates in hospitals, and reports that nearly 50% of nurses are changing jobs or looking to change jobs in the near future (Kovner et al., 2014). The VHA (2018) has reported a 9.1% turnover, but the rate can vary across facilities. To prepare for the ongoing nurse shortage, the federal health care workforce must devise strategies to reduce RN turnover and retain clinical staff to better care for America's veterans.

Contributing to the instability of the nursing workforce is nurse burnout, the aging nurse workforce and high turnover (Haddad & Toney-Butler, 2019). These issues impact nurse staffing at the VHA, which is the second largest federal agency with over 419,000 employees and is the largest employer of nurses in the U.S. (VHA, 2019a).

Exploring ways to retain staff is important. Job satisfaction is the main indicator of voluntary nurse turnover (De Simone et al., 2018), and OCB has a positive impact on employee performance, patient healthcare outcomes, and reduced employee turnover (Ehrhart et al., 2015). Increased job satisfaction had led to increased job motivation and commitment (Margahana et al., 2018).

OCB has been shown to be effective in the health care setting, with improved patient outcomes, improved job satisfaction among nurses, and reduced costly turnover of nursing staff. Organ (1977) and Podsakoff (2000) identified two factors specifically identified with OCB, altruism, and generalized compliance. Batson (2017) defined altruism as specific motivations and behaviors that benefit others without regard for personal gain. Altruism focuses on behaviors that directly benefit other individuals in the organization, such as helping, volunteering, orienting, and interacting. Generalized compliance represents impersonal behaviors that are still important, such as complying with organizational norms like being punctual, limiting sick time and complying with lunch and break schedules time limits. Altruism and general compliance behaviors are specifically linked to servant leadership.

Reduced RN turnover has a positive social impact on the staff, the organization, and the community. RN turnover has a direct impact on patient safety and outcomes (Paille' et al., 2015). A stable workforce reduces staff workload and patient to staff ratios

(Cheng et al., 2016) and can improve employee morale. OCB also creates a healthier work environment for staff (Shimp, 2017). Employee retention has a direct impact on the sustainability and functionality of an organization (Azeez, 2017). Organizations with high turnover also have problems with employee motivation and can slow the career track of other employees due to the disruption of the workforce (Yvonne & Ombui, 2019). I sought evidence to fill a gap in the literature regarding the impact, if any, of the nurse manager's leadership and communication skills on the OCB levels of a VHA RN as measured by job satisfaction and intent to leave the organization within one year.

Purpose of the Study

The purpose of this quantitative, correlational research was to identify the relationship, if any, between a nurse manager's leadership and communication skills and an RN's level of OCB. Higher levels of OCB may improve employee job satisfaction and decrease an employee's intent to leave the VHA. The correlation between a leader's communication and leadership skills and OCB and improved employee satisfaction and reduced turnover could help VHA executive nurse leaders create strategies to improve these skills in their nurse managers.

Research Questions

RQ1: Is there a relationship between a nurse manager's leadership and communication skills and a staff RN's OCB score at a VHA hospital in Texas?

*H*₁₀: There is no relationship between a nurse manager's leadership and communication skills and a staff RN's OCB score at a VHA hospital in Texas.

*H*₁₁: There is a relationship between a nurse manager's leadership and communication skills and a staff RN's OCB score at a VHA hospital in Texas.

RQ2: Is there a relationship between an RN's OCB score and an RN's job satisfaction at a VHA hospital in Texas?

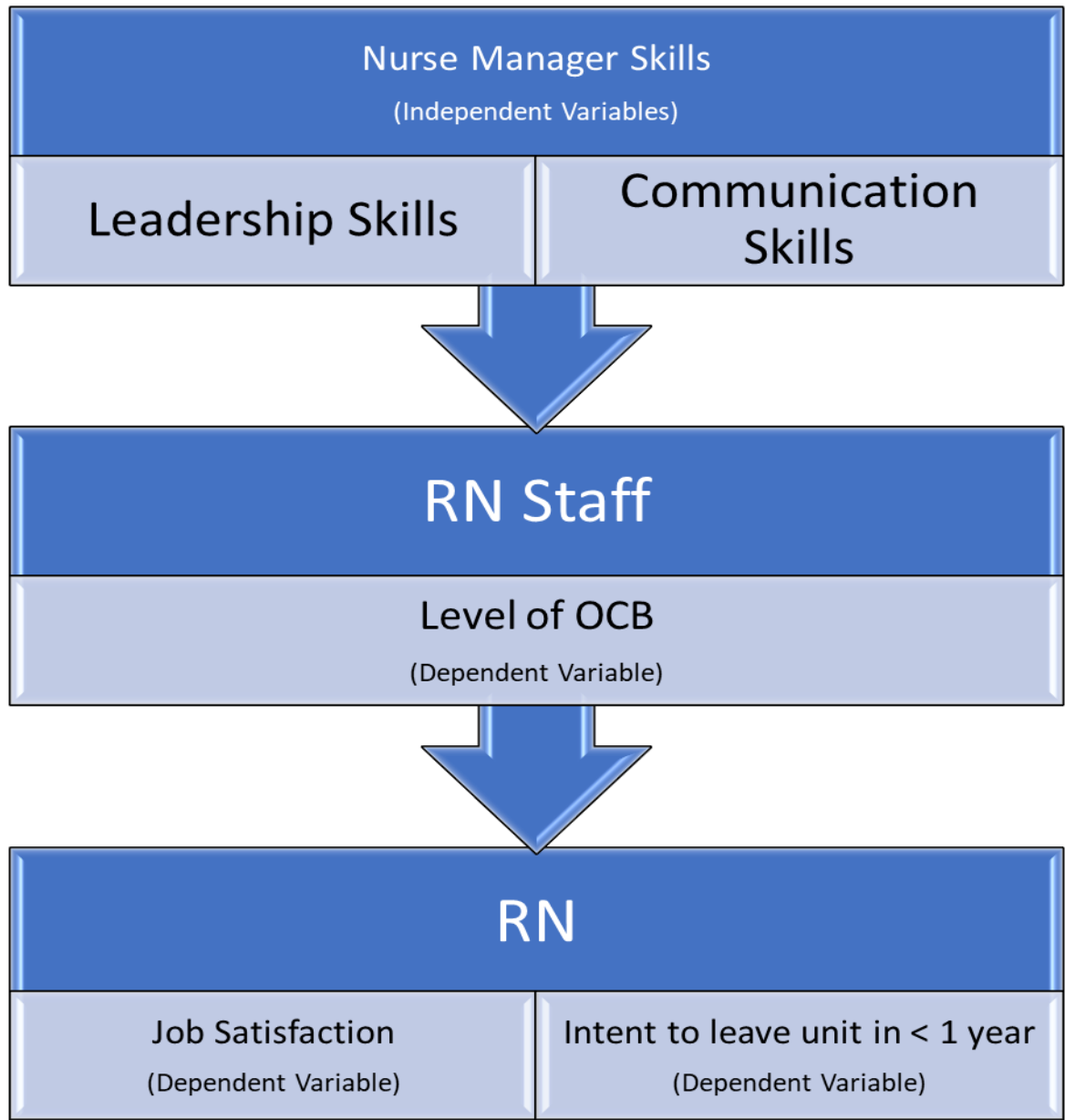
H2₀: There is no relationship between an RN's OCB score and an RN's job satisfaction level at a VHA hospital in Texas.

H2₁: There is a relationship between an RN's OCB score and an RN's job satisfaction level at a VHA hospital in Texas.

RQ3: Is there a relationship between an RN's OCB score and intent to leave their position within one year at a VHA hospital in Texas?

H3₀: There is no relationship between an RN's OCB score and intent to leave their position within one year at a VHA hospital in Texas.

H3₁: There is a relationship between an RN's OCB and intent to leave their position within one year at a VHA hospital in Texas.

Figure 1*Visual Framework of Study***Theoretical Framework**

OCBs are prosocial behaviors that go beyond the job description or formal expectations of the job (Carpenter et al., 2013). Organ (1988) first identified OCB as

actions that employees perform, without expectation of reward, which improve the work environment. The actions may include helping a fellow employee, recognizing a job well done, expressing kindness through inclusion and other social behaviors. (Organ, 1988). The theoretical framework of this study were the social exchange theory (SET) and leader-member exchange (LMX).

SET states that the actions of individuals are motivated by the expected returns they will receive from others or the organization (Sungu et al., 2019). Sungu et al. (2019) stated that this reciprocity strengthens and builds on the social framework of the organization, and employees respond to both the organization and other employees because of the social exchange.

LMX theory focuses on the relationship between leaders and their staff. The leader's interactions will vary between employees creating high- and low-quality relationships (Megheirkouni, 2017). Strong relationships can build trust and emotional bonds, while weak relationships can reduce an employee's dedication and job satisfaction.

Nature of Study

The nature of the study was correlational quantitative. A voluntary electronic Likert scale survey was sent to RNs at the Dallas VA Medical Center in Dallas, Texas. The in-patient RN staff numbers approximately 1325. The research proposal and survey were vetted by the Walden University Institutional Review Board (IRB) and then the IRB of the VHA facility. Additional review and approval by nursing leadership was completed prior to the invitation to participate in the survey being sent. A formal request was also sent to the American Federation of Government Employees (AFGE) for input

regarding the survey, and it voiced no objections. The survey results were statistically analyzed using SPSS software to determine the statistical relationships between a nurse manager's leadership and communication skills and a staff's OCB, job satisfaction, and intent to leave the organization within 1 year. The independent variables were the nurse manager's leadership and communication skills. The dependent variables included the measure of the employee's OCB, intent to leave, and job satisfaction.

Definition of Terms

American Academy of the Colleges of Nursing: The AACN is an association of academic nurses, schools, and faculty. The AACN reviews and sets standards of nursing care and assists schools in adopting and teaching those standards to their students (AACN, 2020).

American Federation of Government Employees: the AFGE is the largest federal employee union representing 700,000 federal workers worldwide (AFGE, 2019).

Baby boomers: Baby boomers are people born in the United States after World War II, 1946-1964, estimated to be over 78 million people. They were estimated to be 55 to 73 years of age in 2019. The Baby boomer population is estimated to decrease to 16 million by 2050 (Fry, 2015).

Institutional Review Board: IRB approval is necessary prior to any human involved research being conducted. The IRB determines if benefits of the research outweigh the risks on the human (or animal) subjects. Walden has an IRB that must approve all research proposals prior to any data collection. The VHA requires all research at the VHA be approved by medical center level IRB. This is to ensure protection of the human research subjects and to reduce duplication of research efforts across facilities.

Leader-member exchange: LMX is built on the SET. LMX is defined as the specific and unequal relationships an employer has with the numerous employees under them. High-quality LMXs result in loyal and quality interactions between staff and leader; this stems from greater interaction and more support, time, and guidance from the leader. In low-quality member exchanges, employees feel they receive less attention, guidance, and support from their leaders, resulting in less positive work attitudes and productivity (Saeed et al., 2019).

Organizational citizenship behavior: OCBs are defined as discretionary behaviors not defined in the formal job performance that contribute to the organization or the employees (Conzelmann, 2020). The theoretical framework of OCB is based on SET as defined by Blau in 1964 as the give and take of actions and rewards within an organization.

Organizational citizenship behavior individuals (OCBI): OCBI are discretionary, undefined behaviors by an employee that benefit other staff members (Geiger et al., 2019).

Organizational citizenship behavior organization (OCBO): OCBOs are discretionary, undefined behaviors by an employee that directly benefits the organization (Geiger et al., 2019).

Registered nurse: An RN holds a state or federal license to practice nursing in the United States. To become an RN, a person must first complete an associate degree, a bachelor's degree, or a diploma program from an approved nursing school program and pass a state licensing exam. RNs provide direct patient care in hospitals, nursing homes, schools, and health care clinic settings (BLS, 2020).

Social exchange theory: SET posits a balanced exchange of reward and effort by employee and employer. Blau (1964) stated that the effort and work that employee produce must be met with adequate recognition and rewards from their employer. This balanced exchange is necessary to maintain an employee's efforts and continued satisfaction.

Veterans health administration: The VHA is a federal organization tasked with providing health care and benefits to the nation's veterans.

Limitations

This research was limited to the Dallas VHA medical facility and to RNs and nurse managers at that facility. It did not include licensed vocational nurses or certified nursing assistants. Participation was voluntary, there were no incentives to participate and no authority to make them participate, and as a result, there was a risk that an adequate sample size may not have been achieved.

Assumptions are elements in research that are expected to be true. The assumptions for this survey were that it measured a staff member's OCB, job satisfaction and intent to leave. I assumed that staff members' responses were not coerced or biased by management interference. Further, I assumed that because the survey was voluntary and anonymous, the staff members would answer the survey with the intent of contributing to new knowledge and not to evaluate their manager positively or negatively or to over or understate their true feelings regarding the unit's environment. The nurse manager was self-evaluating their own leadership and communication skills, and the self-evaluation was assumed to be honest and truthful.

A note about the environment in which this study was conducted: The Covid-19 virus is still ongoing in the United States, dramatically affecting all aspects of the economy, people's lives, and especially people in health care. At the time of the survey, Covid cases were increasing, much of the country had not been vaccinated and new variants were changing the way health professionals and political leaders combatted the pandemic. It is difficult to ascertain how these conditions impacted participation in or attitudes toward this research project. The impact of the pandemic on a nurse's intention to leave their job or leave the profession also could not be forecasted.

Summary

The preliminary search through existing literature on OCB found many articles touting the existence of OCB in corporations in the United States and worldwide. These articles listed many of the positive effects of OCB on employee satisfaction, the employee environment and productivity. In the health care setting, OCB decreased staff turnover and improved patient safety and patient outcomes. There was limited research on OCB in hospitals, and no literature on OCB in a federal health care facility such as the VHA. In this study I sought to determine if there was a relationship between a nurse manager's leadership and communication skills and an employee's OCB. The research was limited to RNs in a federal health care facility. If academic research could determine ways to improve and promote OCB in a health care organization, it could possibly stabilize a limited staffing resource to benefit employees, the organization, and the patients cared for.

Chapter 2

Literature Review

Introduction

The nursing shortage is expected to last through the year 2030, requiring an additional 203,700 nurses per year through 2026 to meet demand (AACN, 2019). Nurse burnout, the aging nurse workforce, and high turnover contribute to nursing staff shortages in the workplace (Haddad & Toney-Butler, 2019). The VHA is the second largest federal agency, with over 419,000 employees, and is the largest employer of nurses in the United States (VHA, 2019b). The VHA currently has over 45,000 vacancies and a 9.2% turnover rate. The VHA must compete against health care organizations in the private sector for the same pool of qualified licensed nurses to care for the nation's 9 million veterans. Researchers found that negative job satisfaction has a direct effect on an employee's intention to leave their job (De Simone et al., 2018). OCB has a positive impact on employee performance, patient healthcare outcomes, and reduced employee turnover (Ehrhart et al., 2015). I sought evidence that a nurse manager's leadership and communication skills was linked to OCB and that high levels of OCB could decrease a nurse's intent to leave the organization and improve their job satisfaction in a federal health care facility.

There was relevant and current research on the positive aspects of OCB in the private sector, but there was a noticeable gap in the literature on OCB in the federal government and the federal health care sector and specifically the VHA. The Google Scholar search engine was where my queries started, with a preference to finding references in the Walden University databases. I conducted general and specific article

searches at Walden University using the Thoreau search engine linked to EBSCO Discovery Services. The primary focus was on peer-reviewed journal articles published within the last 5 years. Older articles were included to trace the evolution and evolving foundations of OCB.

Chapter 2 includes the research strategy and how it developed from the start of the literature search and how key words, concepts and the discovery of other literature sources were found. The evolution of OCB was explored from the first concept of how the physical environmental impacted worker productivity. Other constructs of OCB, such as organizational justice, altruism, and job dimensions further defined OCB and how OCB is linked to the SET and LMX theories.

Literature Search Strategy

I began this research by exploring OCB in peer-reviewed articles found on Google Scholar and Walden Library searches. These articles led to other authors, key words, and gaps in the literature to suggestions for further research. Further definitions of OCB included OCBO for OCB that directly benefited organizations and OCBI for OCB that directly benefited individuals.

I conducted the research through multiple resources, including Walden University Online Library Resources, Google Scholar, Open Athens Database, Walden Dissertation Database, and Ebsco Discovery Services. All articles were peer-reviewed and relevant to this project. I found books relevant to this research on Google e-books or obtained them through the VHA interlibrary loan program. The VHA medical library provides access to books unavailable online or too expensive to purchase. Other resources included Medline, ProQuest, PubMed, and Sage Journal databases. Open Athens, a peer-reviewed

database offered through the VHA, provided an alternative to Walden and Google Scholar databases. I obtained articles that were not readily available through these search engines or for which a fee was charged using a request through the VHA medical library. I pulled dissertations discovered during literature searches from the Walden dissertation and thesis database.

The key term for this research was organizational citizenship behavior (OCB). This search term led to definitions, key elements, and the impact OCB had on organizations and individuals. The positive aspects of OCB were reviewed in general and then specifically to health care and then specifically to the VHA. I also investigated RN turnover, intent to leave, and RN job satisfaction with any ties to OCB, leadership, and communication skills.

The literature review included key word searches as previously noted and traced early studies from the beginning of employee and environmental research. Some key studies and concepts in this evolving field began decades ago, but it was helpful to trace the evolution of these concepts in OCB, LMX and SET. Research into this area continues to evolve, and deeper elements and motivations are identified, such as altruism (Kurzban et al., 2015), organizational justice (Totawar & Nambudiri, 2014), and organized labor impact (Deery et al., 2014). Most of the research was written in peer reviewed articles, but useful information and exploration to confirm the gaps in the literature came from books, websites, and dissertations.

The literature search included the evolutionary and historical constructs of OCB and the theories that supported it. The term OCB was formalized in 1988, but components of this paradigm date back to 1930 at the Western Electric Hawthorne Power

plant in Chicago (Ocampo et al., 2018), therefore some citations on OCB referenced early research and definitions, but the primary scope of the current research was limited to the previous 5 to 7 years. The benefits of OCB were documented for a multitude of businesses and industries with only limited and recent research on how it applied to health care. Components of OCB such as altruism and organizational justice were explored.

Table 1

Synopsis of Sources of Literature Review

Reference type	Total	Less than 5 years	Greater than 5 years
Peer reviewed journals	113	75	39
Dissertations	2	2	0
Books	15	2	13
Websites	19	16	3
Total	150	95	55

OCB is a relatively new idea defined in 1983, and research since that time has expanded on the elements that define OCB and the potential benefits to staff and organizations that promote an environment that fosters OCB. Several benefits of OCB included employee retention, job satisfaction, improved morale, and productivity (Lavy & Littman-Ovadia, 2017). A search of peer reviewed literature found numerous studies on the benefits and elements of OCB and how those benefits manifested in different industries around the world. There was a substantial amount of literature on the positive impact of OCB in health care, but literature on OCB in the federal government, specifically government health care organizations such as the VHA, was nonexistent.

A search in Google Scholar for *organizational citizenship behavior in the Federal Government* produced one article by Moon (2016) that focused on the potential negative

impact of a diversified workforce on OCB in the federal work force. Moon sought to determine if the forced diversification of the federal workforce, the Civil Rights Act of 1964, affirmative action rules, and EEO (equal employment opportunity) rules adversely affected the OCB in the federal workforce. Moon (2016) concluded that gender and functionality diversity did negatively impact prosocial behaviors in the federal workforce.

A Google Scholar search found three articles related to OCB in the “federal workforce” from Switzerland, Korea, and China, but none for the United States. A search at the Walden University Library for OCB in the federal workforce found a 2017 article on the OCB and pay disparity for Pakistani government workers (Farooq et al., 2017) and one article about OCB and Korean public service employees (Shim & Faerman, 2015).

There was no research specifically on OCB in a federal healthcare facility or the VHA. A search for *organizational citizenship behavior at the Veteran’s Affairs* in Google Scholar produced no matches. A search of this term in the Walden Library resources also produced no findings. Cullen and Gordon (2014) found a non-health care industry report by Smith (1975) that a manager’s behavior and communication skill had a positive impact on an employee’s citizenship behavior. Cullen and Gordon further suggested that additional research was needed in unionized and teaching health care facilities, which describes many VHA healthcare facilities.

Theoretical Foundation

This research was grounded in the SET and LMX theories. SET focuses on social behavior between people. The positive interaction or exchange between people or groups is calculated on a cost-benefit analysis of that exchange. LMX theory looks at the

disparate relationship between a leader and various employees and the positive and negative impact of that relationship on those employees.

SET was defined by Blau in 1964. He stated that the interaction of employees, employers, and coworkers creates a social, emotional, and economic relationship that can create positive benefits for all (Harden et al., 2018). A sequence of interactions over time created an interdependence between people to achieve results and create obligations (Cropanzano & Mitchell, 2005). The SET is based on mutual reciprocity built through trust, obligation, mutual benefit, and gratitude (Pattnaik, 2018). The interdependent actions of employee to employee or employee to supervisor create a psychological contract, a perceived organizational support, and a value congruence that equate to increased positive OCB (Anggraeni, 2018).

Employees weigh the cost of their actions in time and effort and what they will potentially get in return. Birtch et al. (2016) described this as a psychological contract between the employee and the job and leaders. Deluga (1994) stated the SET can best be understood within three organizational elements, the LMX, equity theory, and OCB.

LMX theory focused on the interactions of the leader and the employee, rather than on specific leadership style (Khorakia & Sharifirad, 2019). Early leadership theory defined leaders as natural born leaders (NBL). People were thought to be inherently born with a natural ability to lead. Some people were given the opportunity to lead, develop and challenge that ability over time, while others never developed or had the situation to grow that ability (Blass, 2019). Other popular leadership styles were charismatic leadership, servant leadership and transformational leadership (Anderson & Sun, 2017). In LMX, the quality of the dyadic exchange can lead to positive or negative behaviors of

the staff (Yu, Matta, & Cornfield, 2018). LMX states that leaders treat individual employees differently, and the exchanges can rank in quality from low to high and have a big influence on employee commitment and organizational outcomes (Yu et al., 2018).

LMX theory was first discussed by Dansereau, Graen and Haga in 1975 and was defined as a vertical dyad linkage (Dansereau et al., 1975). This theory states that leaders and supervisors developed unequal relationships with their employees; some develop high-quality relationships with some staff but not with everyone (Erdogan, 2015). This principal focused on the varied relationships between staff and leader rather than leadership specific behaviors or styles. These relationships ranged from low-quality transactional to high-quality, socio-emotional relationships that potentially benefit the employee and the leader (Yu et al., 2018). Research into this theory has expanded in scope from how these relationships work for individuals to how they apply to groups of employees.

A study of over 200 nurses and their supervisors confirmed a direct link between the LMX and staff trust in their supervisors. LMX proved to have a positive impact on the staff's OCB (Chen, Wang, Chang, & Hu, 2008). Martin et al (2016) found a direct link between the quality of the LMX and citizenship performance. Their meta-analytic review of studies related to LMX found units with high levels of LMX had employees that were more motivated to operate at a higher level.

A study of 250 employees by Lloyd, Boer and Voelpel (2017) found that a strong relationship between the leader and employee led to positive outcomes. Specifically, developing strong listening skills within the context of LMX built strong relationships with the employee, leading to increased OCB and employee commitment and reduced

staff turnover (Lloyd et al., 2017). My research involved a voluntary survey of RN staff at a federal health care facility that measured the level of OCB. This measured the relationship between a nurse manager's leadership and communication skills and OCB and the relationship between OCB and an RN's job satisfaction and intent to leave their position within the year.

Organizations need employees to go beyond their stated job descriptions and usual job duties to be successful (Matin et al., 2010). While employees need to have basic needs met at their level of employment, employees seek adequate compensation and other tangible benefits for their work. As they advance, they seek additional autonomy, control over their work, decision making power, and input into corporate decisions. Later they may seek challenges, career advancement, or job titles (Yadav et al., 2019).

In 1964, Katz identified three elements necessary for an organization to succeed. The first two elements were an employee's motivation to stay with the organization and the defined role that an employee had within the organization. The last element was the undefined behaviors an employee utilized at work (Katz, 1964), called extra-role behaviors.

Smith, et al. fully defined these behaviors in the context of citizenship within an organization. "Every factory, office, or bureau depends daily on a myriad of acts of cooperation, helpfulness, suggestions, gestures of goodwill, altruism, and other instances of what we might call citizenship behavior" (Smith et al., 1983, p. 653). They defined these behaviors in the context of informal actions, such as cooperation, positive interactions and prosocial behaviors towards staff, supervisors, and customers. These

actions by staff were seen by Organ (1988) to be contributions to the organization that were not formally or even informally recognized by management.

Van Dyne and LePine (Van Dyne et al., 1994) went further to state that these behaviors, if not performed, were not within the realm of punitive actions by management. These behaviors did not guarantee any formal rewards (Organ, 1988). Employees did not specifically seek tangible benefits such as salary increases, bonuses or promotions, but high quality LMX and OCB often created the initiative to provide more contributions. Chen and Hsieh (2015) stated that OCB was a “transcendent force” in public employees that, similar to private sector employees, pushed them to go beyond self-interest to serve fellow public employees and the public interest.

OCB has also been called the Good Soldier Syndrome. Dennis Organ, who coined the phrase, defined OCB as discretionary actions by the employee, actions that were not defined by the organization in a job description or policy note, but actions taken as a matter of choice by the employee that had a positive impact on the organization or the people, staff, and customers of that organization (Organ, 1997). Employees who exhibited high levels of OCB helped other people, were punctual and went the extra mile for others (Turnipseed & Murkison, 2000). Prosocial interactions, courtesy, altruism, and courteousness were all behavioral traits in the Good Soldier Syndrome and OCB.

Recent research focused on influences on OCB. Newman, Schwarz, Cooper and Sendjaya (2015) stated there was a positive link between servant leadership and OCB. Servant leadership is described as a leadership style that establishes a role model for the employees and focuses on development and needs of the staff. Newman, et al (2015) cited studies that found empirical evidence that servant leadership created employees that

had higher job satisfaction and performed better in their jobs and fostered an environment that allowed these employees to go beyond their descriptive job rolls, all elements of OCB.

OCB is based on the SET and the reciprocal effect of actions (Anggraeni, 2018). While OCB provides no defined return on organizational behavior, employees expect a positive reciprocal action or support from the organization in return for their prosocial behavior. These exchanges contribute to the value congruence of the employee and organization where the company culture and values intersect with the values of the employee. Anggraeni suggested the exchange is facilitated by a psychological contract between the employee displaying OCB and the supervisor and organization. The employee believes that their extra contributions will be reciprocated by support, direct or indirect acknowledgment, which will produce more prosocial behaviors by the employee. Employees that experience a positive exchange with management (Organ, 1997) and the organization through career guidance, opportunities for education or advancement, direct and indirect rewards, empowerment, and participation in the decision-making process exchange these rewards with the extra mile actions that make up OCB.

Conceptual Framework

Dennis Organ in 1988 defined OCB in terms of employee behavior that greatly contributed to the organization and to fellow co-workers as extra-role behaviors or going above and beyond the described duties, tasks, or expectations. He also labeled it the good soldier syndrome for performing tasks without explicit expectations of reward (Organ, 1997). "OCB is 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” (Organ, 1988, p. 4). Other researchers added to the concept and further defined elements of OCB such as altruism (Batson, 2017), organizational justice (Totawar & Nambudiri, 2014) and union citizenship behavior (Tetrick & Barling, 1995). Organ recognized in 1997 the research by Van Dyne, Cummings, and Parks (1995), other elements of OCB such as prosocial organizational behavior (POB), principled organizational dissent (POD) and extra-role behaviors. Empirical data supports the benefits of OCB in the workplace to include improved employee satisfaction, lower turn-over, increased customer satisfaction and improved patient outcomes. Belwalkar, Bohra and Pandey (2018) stated that OCB benefits companies in a low-cost way to improve organizational effectiveness.

Literature Review

The literature review considered OCB in all industries and nations and included foreign government entities due to limited research in some areas of OCB. Only articles and books that were readily available in English were reviewed. Although a couple of the articles found had pertinent summaries in English, if the source article was in a foreign language and no translation was found, the article was rejected. The literature review covered all areas of OCB but focused specifically on OCB and complimentary constructs in health care, though this too proved limiting.

The research process began with a wide approach to OCB, communication, leadership, supporting theories, generalized research and finally focused research. Many articles led to other articles within the confines of these topics. The history and evolution of OCB was important to understand where this relatively new idea began and where it might be going. The advantages and benefits of OCB continue to be acknowledged in the

literature, from increased productivity at the GE plant to improved health outcome for patients in the health care setting. The evolution of OCB and how it may directly impact employee actions and levels of commitment to the organization are still relevant after nearly four decades of study. Other organizational and business theories have evolved and enjoyed some popularity for a time, only to fade away as seen in the rise and demise of the Great Man Theory and the Trait Leadership Theory (Khan et al., 2016). New aspects to and benefits of OCB continue to be discovered, defined, and expanded upon.

OCB explores how an employee contributes to fellow employees and the organization while on the job. But the definition of a job is varied and complex, it is more than a set of tasks or means to a paycheck. The Business Dictionary stated that a job was defined as a group of tasks or functions an employee performs in exchange for a defined reward, such as salary and benefits (Business Dictionary, 2019). Locke (1976) stated a job is a “complex interrelationship of tasks, roles, responsibilities, interactions, incentives, and rewards” (p. 1301) comprised of multiple elements or dimensions.

The rewards of doing a job or having a job can include tangible rewards, such as pay, benefits, position, and recognition. Other benefits an employee might experience are a positive work environment, camaraderie, and positive and beneficial relationships with co-workers at work and in social settings. Each of these elements contributes to the work environment and impacts job satisfaction. Locke grouped these dimensions into two groups: events or conditions that include work, pay, promotion, recognition, benefits and working conditions, and agents that include supervisors, co-workers, company, and management. The concept of a job has evolved over time. In the 1950’s, the Survey Research Center defined the elements of a job to include as intrinsic job satisfaction,

company involvement, financial and job status satisfaction, and pride in group performance (Vroom, 1964).

Hackman and Oldham created the Job Characteristic Theory that defined job characteristics and situational factors that impact and predict the behaviors of employees (Johari & Yahya, 2016). These core job characteristics included skill variety, task identity, task significance, autonomy, and feedback. Each of these were found to impact an employee's motivation, work performance or job satisfaction (Oerlemans & Bakker, 2018). Oerlemans and Baker asserted that initial and periodic job design review is essential in generating and maintaining job motivation, and even low energy individuals can be motivated with the focus on Hackman and Oldham's core job characteristics.

Job satisfaction is a frequent point of discussion in organizational literature. In the 1930's it was called work satisfaction, and after 1950, job satisfaction. Hoppock (1935), an early researcher in this field, stated job satisfaction included psychological, physiological, and environmental elements. Many researchers viewed job satisfaction through Maslow's Hierarchy of Needs Theory (Liu, Aunguroch, & Yunibhand, 2015), starting with physiological needs and progressing through safety, belonging and love, esteem, cognitive needs, aesthetic needs, self-actualization and finally transcendence (Hale, Ricotta, Freed, Smith, & Huang, 2018). Specifically, Liu, et al. described a synergy between the work environment, the employee personality and the employee's emotional response to these elements.

In 1959, Frederick Herzberg (Herzberg et al., 1959) published his Two-Factor Theory that separated job satisfaction values into intrinsic and extrinsic factors or motivation and hygiene (Maidani, 1991). Motivation was cited as the more important

factor in job satisfaction (Alshmemri, Shahwan-Akl, & Maude, 2017). Motivation, or intrinsic factors, considered job content, include advancement, the work, possibility of growth, responsibility, recognition, and achievement. Hygiene, or extrinsic factors, considered job context, consists of interpersonal relationships, salary, policies, working conditions, supervision, and administration. Maidani's study (1991) concluded that public sector employees had a higher job satisfaction level, and that hygiene factors were more important to public sector employees than to those in the private sector.

Some contend that there is no agreed upon scientific definition of job satisfaction. Many definitions state that it is an emotional feeling an employee has for their work and includes the work and the environment in which the work is performed but is linked to employee behavior. Other factors of job satisfaction include co-workers, pay, opportunity, respect, and benefits. The definition of job satisfaction can vary greatly between employees. Kaliski (2007) stated that job satisfaction relates to enthusiasm one has for their job. Enthusiasm translates to increased employee loyalty and effectiveness and decreased negative behavior, such as absenteeism and accidents.

Locke in 1976 stated that job satisfaction is a "connection among individuals' emotions, values, and needs" (p. 1304). In simple terms, Locke stated that an employee's level of satisfaction is determined by how their needs and values are met by their actions and returns from their labor. Locke further asserted that job satisfaction and job morale are emotional constructs that drive an employee's desire to keep working at the organization and towards the goal of that organization.

In 2006, Armstrong differentiated between job satisfaction and job morale. He defined job morale in terms of group cohesiveness, while job satisfaction was defined as

the individual's view of the job (Armstrong, 2007). Tingchaiprasit and Aryabuddhiphongs (2016) defined job satisfaction as employee satisfaction with job security, monetary reward, training opportunities, working environment and appreciation for their work by management. These indicators for chefs in the hospitality industry were similar to those for health care workers in Iran in a study by Sadeghi, et al (2019). The Iranian health care workers cited working environment, interpersonal relationships, salary and benefits, job position, job security and supervision as their key contributors to job satisfaction. Another study conducted on employees of the Ministry of Health and Medical Education in Iran found a statistically significant link between job satisfaction and organizational commitment (Ebraze, Rabanikhah, Manafi, & Moradi, 2019), especially coupled with promotional opportunities. They also found a significant relationship between education levels and organizational commitment, which may have significance in the health care setting due to professional requirements and educational levels required in the health care setting.

In *Motivation and Work*, Vroom (1964) found a consistent relationship between job dissatisfaction and intent to leave, accidents and unexcused absences. Vroom theorized that motivation balanced effort and the value of the anticipated reward. Motivation at work to provide quality care was found essential for improved clinical outcomes and patient satisfaction. The correlation between job satisfaction and performance was less apparent in his study. Aziri (2011), citing meta-analysis data, found only a 0.17 correlation between job satisfaction and productivity.

The components of job satisfaction were significant in the nursing world (Liu, Aunguroch, & Yunibhand, 2015), but the authors stated there was no specific definition

for job satisfaction in the nursing field. They stated that job satisfaction included “(1) fulfillment of desired needs within the work settings, (2) happiness or gratifying emotional responses towards working conditions, and (3) job value or equity” (p 64) and found a direct correlation between nurse job satisfaction and patient satisfaction.

In a job satisfaction study of Iranian health care workers, Sadeghi, et al (2019) found a correlation between job satisfaction and the quality of health care delivery and disease prevention, and that low levels of job satisfaction increased the risk of employee accidents. The researchers found high job dissatisfaction rates among health care workers in Ethiopia, Iran and Zahdean related to extrinsic factors, such as low salaries, poor educational opportunities, and work environment.

A study of nurses in Canada focused on critical care nurses (Dilig-Ruiz et al., 2018). The researchers found that critical care nurses had a higher turn-over rate than nurses in other areas. They found that workload and resources had a significant impact on satisfaction levels, while salary, benefits, job performance and nurse demographics such as age, gender, education levels and experience did not impact nursing job satisfaction scores. A study of 344 East African nurses found complaints similar to the Canadian study related to job satisfaction. High workload, poor staffing, low salary, and poor working conditions contributed to low job satisfaction (Van Der Doef, Mbazzi, & Verhoeven, 2012). Multiple studies found a direct link between employee productivity and job satisfaction (Imran, Majeed, & Ayub, 2015). Imran, et al. also noted a direct link between organizational justice and employee satisfaction.

De Simone studied health care workers in Italy through the Expectancy Theory (De Simone et al., 2018). Most respondents (20.3%) stated that instrumental factors, such

as meritocracy, management, extrinsic rewards, and comfort were the primary avenues for improving the work environment. The researchers found that other programs, such as training and education offerings, professional growth and technology innovations did not significantly contribute to job satisfaction. A meta-analysis of 55 studies by Organ and Ryan found that increased job satisfaction led to increased prosocial behaviors and that management could positively impact employee's job satisfaction (Demeijer, 2020).

One of the most significant metrics of employee satisfaction is an employee's intent to leave. Employee Turnover Intention (TI) is directly associated with employee turnover (Kim et al., 2017). Kim defined voluntary turnover as an individual's voluntary movement across a social system boundary, such as a job, unit, or organization. Turnover intent is described as the "final cognitive decision" (p 308) to make the move by the individual. Much research has shown a direct correlation between turnover intent and actual turnover. A study by Cohen, Blake and Goodman of a federal agency confirmed the correlation between intent to quit and employee turnover (Cohen et al., 2016). Saraih, et al. found that employees with high levels of OCB had less intention of leaving the organization (Saraih et al., 2017). A study of government health care officials in 2016 found a direct correlation between low job satisfaction rates and higher levels of intent to leave the organization, (Leider et al., 2016).

OCB is based on the SET (Organ, 1988), where the interaction between employee and employer, as well as the trust and expectations of the employee and employer determine internal behaviors of both parties and impact role perceptions (Turel et al., 2017). The concept of fair treatment and reciprocal exchanges exists within the concept of organizational justice. This is described as fair treatment by the organization towards

the employees, who in turn develop trust in their employer and leaders, and this had a positive impact on the employee's level of OCB (Swalhi et al., 2017).

One construct of OCB is organizational justice. Organizational justice is divided into three domains: (1) distributive justice, (2) procedural justice, and (3) interactional justice. Distributive justice can be conveyed in economic terms as the fair and equal distribution of goods (Lamont, 2012). For employees, that distribution is employer resources, such as pay, benefits, education, opportunity, recognition, and training. The balance of employee input, effort and reward constitutes organizational justice to the employee (Marescaux, De Winnie, & Sels, 2019).

Reactive theory states employees try to avoid unfair conditions and even leave these unjust environments (Kaya, Aydin, & Ayhan, 2016). This distraction by an employee's perception of an unfair work environment may greatly impact productivity when multiplied by the employee's efforts and intention to remedy the situation by seeking employment elsewhere. Proactive theories focus on employee's efforts to positively change the environment to improve organizational justice (Kaya et al., 2016).

The pretense to organizational justice can be found in a 1963 article by J. Stacy Adams, a Belgian social psychologist working at General Electric's Behavioral Research Service. Adams defined the Equity Theory as a fairness exchange between an employee and employer that went beyond pay and benefits scales and included perception of input effort by the employee and output, pay, benefits, fairness, and clarity from the employer (Mahoney, 2013). In Adams' original article (Adams, 1963), he noted that the employer/employee exchange is more of a perception of both economic and judicial inequality. Adams refined his theory in 1965 in his article, "Inequity in Social

Exchange,” when he expanded this to include “ratios” of input to output (Mahoney, p. 159). These ideas became the foundation of Organizational Justice Theory.

Procedural justice relates to process outcomes. Employees seek fairness and consistency in decision making by the employer across employees and situations. It also includes allowing employees to have a voice in the decision-making process.

Interactional justice describes the fairness of interactions amongst employees and between leaders and staff (He, Fehr, Yam, Long, & Hao, 2016). At the leadership level, leaders dispense their interactions differentially over a wide number of subordinates. These interactions can include communication, respect, and the treatment of employees with dignity. How employees perceive this treatment and attention can impact the perception of unfairness.

Organizational justice can be simply defined as a perception of fairness by employees in the workplace (Totawar & Nambudiri, 2014). This perception influences the employee’s attitudes, organizational commitment, and behaviors at work. Organizational fairness, from an employee’s viewpoint, equates to fair return (output) for fair effort (input). Researchers defined fairness in two components, interactional and informational.

Other factors that contribute to organizational justice include reciprocity, altruism, and compliance. Direct reciprocity produces immediate or future benefits (Kurzban, et al, 2015), and multiple interactions can produce defined and predictable positive exchanges. Emotional interactions, including empathy, anger, and guilt within the exchange, can develop. Cooperation between people potentially yields a positive gain for both parties that can be sustained over a long time. Lack of cooperation or outright defection from the

cooperative can lead to feelings of anger and guilt and can be detrimental to the relationship. A long-term gain in the direct exchange can lead to strong social bonds, allies, or unconditional cooperation.

Interactional fairness is related to interpersonal behavior, or how a company treats the employee, such as respect, politeness, and dignity. Informational fairness relates to communication and clear instructions. Imran stated that employees only feel satisfied when they feel their job is secure, and they have an appropriate salary and benefits package, and that satisfaction level is necessary to sustain high levels of productivity. Imran, et al. (2015) found job satisfaction, employee loyalty and productivity directly linked to an employee's feeling about job security, unbiased behavior, and fair treatment. The authors stated that workers will work harder if they know their job is secure.

Organizational injustice can trigger voice behavior, complaining and/or requests for more resources or pay. Janssen and Goa (2013) described voice behavior as employee behavior that challenged the existing norms in a constructive way that can be indicative of organizational problems. The employee's voice behavior is predicated on the employee-perceived status and the supervisor responsiveness to the employee's input.

Prosocial behaviors can result from indirect reciprocity. Altruistic, or helping actions occur at a cost less than the benefit bestowed on another, and those actions can be contagious in others who witness this behavior. As cited by Kurzban (2015), altruistic behaviors may increase when the actions are observed or thought to be observed (Diener, Fraser, Beaman, & Kelem, 1976). Acts of generosity may also project feelings of cooperation and produce positive signs towards cooperation.

Batson (Batson, 2017) defined altruism as specific motivations and behaviors that benefited others without regard for personal gain. Altruism focuses on behaviors that directly benefit other individuals in the organization, such as helping, volunteering, orienting, and interacting. Kurzban, Burton-Chellew and West, studied the evolution of altruism in humans (Kurzban, Burton-Chellew, & West, 2015). They surmised that altruism in its purest form is evolutionary, defined as behaviors that benefit others at a minimal cost to the individual using reciprocity models.

Generalized compliance is represented by impersonal behaviors that comply with the organization's norms and are important to operations such as being punctual, limiting sick time, and complying with lunch and break schedules and time limits. These dimensions contribute to the positive work environment which helps the organization and the employees (Smith et al., 1983).

There are differences between the public and private sector work environments that may impact OCB and the ability for OCB to flourish. Bysted and Hansen (Bysted & Hansen, 2015) surveyed public and private sector employees in Sweden, Denmark and Norway and found more similarities than differences between the two sector employees regarding innovative behavior and risk aversion but found public employees had less expectancy clarity, the correlation between positive actions and positive rewards. Houston (Houston, 2000) also found common characteristics and motivations in both public and private sector employees but found public sector employees more motivated by intrinsic rewards, such as job security and life-work balance, and less motivated by extrinsic factors such as monetary rewards.

Care providers, such as doctors, nurses, health care techs and others who provide direct patient care, can experience Compassion Fatigue (CF) or stress, feelings of burnout, fatigue, emotional stress, and physical, mental, and psychological exhaustion from dealing with high stress, personal care situations. Medical staff can also experience physical factors such as sleeplessness, headaches, and gastrointestinal irritability. These negative factors can result in job burnout, poor concentration, work and task avoidance, mood swings, absenteeism, irritability, faltering judgement, and desire to leave the profession (Sorenson, Bolick, Wright, & Hamilton, 2016). CF also impacts job satisfaction, compassion satisfaction and nursing care satisfaction. Environmental factors contributing to CF are stressful job tasks, heavy workloads, and lack of managerial support.

While the positive attributes of OCB are well documented in the literature, OCB is not a constant nor fountain of unending goodwill and altruistic actions. Workers can also suffer from OCB fatigue with similar results and outcomes of health care workers suffering from CF (Bolino, Hsiung, Harvey, & LePine, 2015). Citizenship Fatigue also has employees burned out and fatigued from going that extra mile, engaging in OCB when expected to perform extra duties without management or co-worker support or reciprocal support. Bolino, et al. stated that CF results in burnout, stress, and sadness, while citizenship fatigue results in feelings of frustration and feeling under-appreciated. Workers experiencing burnout can have a loss of energy, sympathy, empathy, and drive in accomplishing their work.

Nurses in particular are subject to both CF and citizenship fatigue. Nurses work directly with sick people and families in crisis and often feel overloaded with tasks, roles,

and responsibilities. Alkahtani (2015) cited multiple studies showing the benefits and rewards of OCB (George & Bettenhausen, 1990; Borman & Motowidlo, 1997; Mackenzie, Podsakoff & Fetter, 1991; Werner, 1994). Rewards show in promotions, salary increases, recognition and other perks in the short and long-term commitments while at the organization.

In health care, where staff and resources are often in short supply, patient demands and workloads are often high, helping, and sportsmanlike conduct, elements of OCB, are expected and necessary to survive the shift. The constant pressure to do more with less or pressure to constantly perform above expectations, can lead to OCB fatigue. Bolino, et al. hypothesized that engaging in OCB resulted in fatigue when perceived organizational support was low. They concluded that there is a significant relationship between organizational support for OCB and no pressure to perform OCB acts. Positive team membership exchange theory suggests that fatigue is reduced when there is positive and relevant cooperation between team members. The positive team environment can support and foster citizenship behaviors, but OCB cannot be forced onto staff and doing so can result in contrary behaviors.

As companies and organizations recognized the benefits of OCB, research was conducted on how companies can increase these positive behaviors and support the employees who exhibited them. Personality traits such as consciousness, agreeability, sociability, empathy, self-esteem, and positive interactivity with others, were identified as traits in individuals exhibiting high OCB (Pavalache-Ilie, 2014). Podsakoff and Mackenzie (1997) found that OCB not only had a direct impact on the individuals and

organizations, but also led to an increase in the organization's attractiveness to potential employees.

Leadership skills and a leader's ability to communicate are two important factors in the organization's success, as well as in how effective the leader is in meeting the organization's goals. Cullen and Gordon found that a nurse manager's communication skills had a significant influence on an employee's OCB within the nurse population (Cullen & Gordon, 2014). The correlation between a nurse's OCB and a nurse manager's leadership abilities was positive in their study, but not as significant. How these factors will impact the OCB of nurses in a federal health care facility will be the focus of the current study.

Communication within a group serves four major purposes: control, motivation, emotional expressions, and information (Halim & Razak, 2014). A leader commands control over the employee through open, two-way communication. They can discuss individual and company goals, and communicate those goals and the employee's progress, or lack thereof, in reaching those goals. A leader can motivate the employee by offering praise and criticism, and clarification of the employee's actions. Emotional expression allows staff and leaders to communicate, share, socialize and vent emotions through communication. Lastly, the sharing of information, insights, progress, goals, and accomplishments enhance an organization's ability to progress and compete.

The Motivation Language Theory (ML) states that communication has a direct impact on staff. An employee's attitude, performance and job satisfaction can be influenced by the way a leader communicates with their staff (Udin, Handayani, Yuniawan, & Rahardja, 2019). Multiple studies emphasize the importance of a leader's

communication skills. Employees' satisfaction and their impression of the leader's satisfaction with them were directly reflected in the leader's ability to communicate.

Communication has multiple aspects, and Udin, et al. stated that the sender (leader) must effectively convey multiple types of information to the receiver, who must in turn effectively process that information and effectively act on that information within the communicated timeframe expressed (Udin et al., 2019). Effective communication involves the sender and the receiver, and the relationship built between them must create a positive avenue to be effective.

Cullen and Gordon (2014) found a direct and significant relationship between a leader's communication skills and an RN's OCB level. They found that the leader's communication skills had more impact on the nurse's OCB level than their leadership style. Their study was limited to a community hospital in northern New Jersey.

Leadership skills are a complex topic. Northouse (2007) stated that there were over 65 different classification systems of leadership. Northouse defined leadership as "a process whereby an individual influences a group of individuals to achieve a common goal" (p. 5). The authors of a literature review of over 50,900 titles on leadership, using Northouse's definition of leadership, categorized leadership styles into two categories, relationships, and tasks (Cummings et al., 2018). Relational leadership styles focus on people and their needs, and include transformational leadership, resonant leadership, authentic leadership, emotionally intelligent leadership, and servant leadership. The other category focused on tasks and task accomplishments. This leadership style has been described as transactional leadership.

Studies in relationship-based leadership styles have shown an increase in employee satisfaction, especially servant leadership. Servant leadership is described as leadership that focuses on the employee's well-being and satisfaction that translates into improved job performance (Chiniara & Bentein, 2018). The authors found a strong correlation between a strong servant leadership and increased OCB. This finding is significant, because the VHA has adopted a philosophy of servant leadership (VHA, 2013).

Employee unions add an extra layer to employee and leader exchange. Long (2001) found that union interference reduced organizational flexibility. Bennett and Kaufman (2007) stated that union workers had lower job satisfaction scores than their non-union counterparts and had greater dissatisfaction regarding communication with their supervisors and working conditions. "The purpose of unions is to further the economic interests of their members by negotiating on their behalf over terms and conditions of employment" (Hammer & Avgar, 2005, p. 241). The union attempts to rectify complaints regarding inequities in wages, job protection, unjust treatment, benefits, pensions and working conditions. Surprisingly, union workers reported less satisfaction with their jobs than non-union employees (Hammer & Avgar, 2005). Union employees were more dissatisfied over the exact issues the union was supposed to enhance, such as working conditions, job tasks and supervision, but were less likely to leave than their non-union counterparts. Union workers were more likely to use their voice through the union and stay in an unhappy environment. The Exit-Voice-Neglect-Loyalty Theory, identified in 1970 by A. O. Hirschman, stated unhappy employees can quit (exit); neglect their jobs by doing nothing to improve their condition and continue to

be unhappy; show loyalty by trying to improve their plight and their environment or improve their conditions by voicing their concerns (Withey & Cooper, 1989).

Verma (2005) stated that unions have a monopoly power in which to negotiate wages and working conditions and pursuit of fairness. This pursuit of fair treatment for the worker allows unions to implant themselves in every area of management decision making. The authors also found that unions created layers resulting in communication barriers between management and the employee.

Few studies have been conducted on the impact of unions and Union Citizenship Behavior (UCB) on worker's actions. UCB is similar to OCB. Both UCB and OCB are discretionary behaviors that either benefit the union (UCB) or the organization (OCB), and these behaviors are not defined or required, and offer no formal reward (Tetrick & Barling, 1995). Many UCBs have been measured by the administrative work contributed by union members, such as being union officers, committee work, and campaign participation, and have been measured as employee intentions rather than documented actions.

Kochan and Katz stated that employers fear unionization because of the possible divergence of employee and employer goals (Kochan & Katz, 1983). Deery, et al. (2014) stated that the positive behaviors of UCBs may impede employer operations. The authors further stated that the union can reduce employee turnover by utilizing its collective voice to address ongoing issues of workplace conditions, fairness, management digressions and disputes.

Summary and Conclusion

This research began by tracing the evolution of the concepts and constructs of OCB from the first environmental studies at the General Electric factory in 1963 and the impact of the working environment on employees at that factory. The conclusion that the work environment had a positive impact on the workers led to more research into the roles of employer and employee and the exchanges that resulted in how effective an organization can function. This review of the theories and discoveries traced the evolution of OCB as defined by Organ in 1988 and the research being conducted today.

Elements of OCB included the SET and LMX Theory. A gap in the literature was found in OCB and health care facilities, especially within federal health care facilities. The positive effects of OCB have been documented within this literature review, and as Belwalkar noted (2018), OCB had a positive impact on organizational effectiveness. This is important to patients and customers, but it is especially significant to the nursing staff of a health care organization, during a time of increased demand and decreased supply of registered nurses.

The research for this dissertation focused on how a health care leader's leadership and communication skills impacted OCB at a federal health care facility and what effect a nurse's OCB level had on their job satisfaction and intent to leave. This will address a gap found in the literature regarding federal health care facilities. One of the survey tools used for this study was originally used by Cullen and Gordon in their research, which concluded that more research was needed in other health care environments. This filled one small gap in the literature by measuring the impact of OCB levels at a federal health care facility.

Chapter 3

Introduction

The VHA is the largest health care delivery system in the United States with 1,240 facilities serving over 9 million patients each year (VHA, 2019a). The VHA will see this number of patients annually increase over the next 5 years (Eibner et al., 2015). With more than 80,000 nurses, the VHA is also the single largest employer of nurses in the United States, but high turnover, low pay, ineffective recruiting, and hiring practices make recruiting and retaining high quality personnel a problem (Spotswood, 2019). Spotswood (2019) also stated that 30% of all VHA employees will be eligible for retirement in 2022.

The AACN expects a nationwide shortage of RNs through the year 2030 (AACN, 2019), and nursing shortages have a direct, negative impact on patient care, outcomes, and increases health care costs (Snaveley, 2016). Two strategies hospitals use to ensure adequate staffing are to increase nurse recruitment and reduce nurse turnover (Van der Heijden et al., 2019). One successful strategy to reduce employee turnover is the promotion of OCB. Organizations with employees who exhibit high levels of OCB show increased levels of employee satisfaction, lower RN turnover, and improved patient outcomes (Paille' et al., 2015).

While there was extensive research on the positive effects of OCB in the private sector (Higgins, 2015), there were no studies that measured the level and impact of OCB in a federal health care facility (Cullen & Gordon, 2014). I sought to measure the level of OCB in a federal health care facility and determine if the nurse manager's leadership and communication skills could positively impact OCB. The survey I used was designed to

determine what impact those leadership skills might have had on a nurse's intention to leave a VHA hospital and on their job satisfaction there. This chapter includes the research design, survey tools, sample size and data collection method used for this research as well as ethical considerations.

Methodology

This was a quantitative research study using a correlational design in a federal health care facility in Texas. A voluntary, online survey was distributed to approximately 1325 staff RNs and RN managers. Nurse managers self-assessed their leadership and communication skills and level of OCB. The staff nurses provided their perception of the nurse manager's leadership and communication skills and their staff nurses' self-assessed level of their own OCB. The independent variables were the employee measurements of the nurse manager's communication and leadership skills, RN staff's demographics, time as a nurse, and time on the unit. The dependent variables included the measure of the employee's OCB, intent to leave, and job satisfaction.

The research questions explored the relationship between a nurse manager's leadership and communication skills and a staff RN's job satisfaction and intent to leave the organization within 1 year. Two nationwide studies of Taiwanese nurses found that nurses with high levels of job satisfaction had reduced levels of burnout, absenteeism, and intention to leave the organization (Lu et al., 2019), and their performance increased as did patient satisfaction. In other studies, the researchers found that employees with high levels of OCB also had higher levels of job satisfaction and less intention to leave (Saifi & Shahzad, 2017). The research questions were as follows:

RQ1: Is there a relationship between a nurse manager's leadership and communication skills and a staff RN's OCB score at a VHA hospital in Texas?

RQ2: Is there a relationship between an RN's OCB score and an RN's job satisfaction at a VHA hospital in Texas?

RQ3: Is there a relationship between an RN's OCB score and intent to leave their position within one year at a VHA hospital in Texas?

Population

The survey was sent to RNs who worked at the Dallas VA health care system. The literature review and a study by Cullen and Gordon (2014) found research into OCB in a federal facility and among union members lacking. Nurses not directly employed by the VHA in community-based outpatient clinics were excluded because they were not directly employed by the VHA. All RNs were invited to participate in the survey. Any RN, regardless of degree (associates, bachelors, masters, or doctorate), was invited to participate. Licensed vocational nurses were excluded, as this research was focused on RNs. The survey was limited to a 2-week time period with two reminder emails sent during that window.

Sampling Procedures

The study was conducted at a large, federal health care facility in Texas, with an extensive teaching component that included nursing and ancillary healthcare professionals and medical doctors. This facility was part of the VHA, which cares for over 9 million veterans nationwide. The facility had in-patient and out-patient services, regional clinics, and two large outpatient facilities and long-term care facilities.

To measure the nurse manager's leadership and communication skills, the Supervisor Leadership and Communication Inventory (SLCI) was administered to staff, nurse managers, and assistant managers. This tool has been used in multiple peer-reviewed leadership studies. Drs. Schuttler and Daniels granted written permission to use this survey tool.

OCB was measured by the Organizational Citizenship Behavior Checklist (OCB-C) written by Fox and Spector (2014). The scale was designed to measure both OCBO and OCBI. The tool uses a 5-point frequency scale from 1 = never to 5 = every day. The tool is copyrighted 2009, but permission was granted for all noncommercial research free of charge. The invitation to participate in the study was emailed to all staff RNs.

I used G-Power version 3.1.9.4 (Heinrich Heine University, 2019) to calculate a two-tailed correlational design sample size of 82 participants, with 80% power, an effect size of .3, and an error rate of .05.

Procedure for Recruitment

The OCB-C and SLCI were combined using REDCap, an approved survey instrument developed by Vanderbilt University and approved for use at the VHA (VHA, 2016), and demographics were added to include age, gender, time on unit, time in hospital, and years' experience as a nurse. The web survey was sent and collected in REDCap. A link to the tool was distributed via email to the RNs in the facility. A deadline was provided to encourage urgency. Survey responses were monitored during the survey period, and I sent reminder emails and morning unit huddle reminders to help reach the estimated needed sample size. At the end of the survey period, I sent a thank you announcement to the RN email group.

Instrumentation and Operationalization of Constructs

The OCB-C was developed by Fox from the University of Chicago and Spector (2014) from the University of South Florida. The creators worked with subject matter experts from Master of Business Administration programs and Master of Science in Human Resources programs with employment experience. The final scale was tested for reliability and redundancy by the researchers. Permission to use this checklist for educational and research purposes is noted on their website (Fox & Spector, 2014).

The SLCI was developed by Schuttler. This tool was used in Cullen and Gordon's (2014) research in a public health care facility to measure the impact of nurse managers' leadership and communication skills on the OCB of medical-surgical nurses and nursing assistants.

Operationalization of Variables

The tool used for this study collected demographic information that included the number of years on the unit, years as an RN, years at the VHA, age, and gender. The frequency scale in the OCB checklist measured the staff nurse's level of OCB and a Likert scale measured the leadership and communication skills of their nurse manager.

Data Analysis Plan

Responses to the survey were entered into the IBM software package Statistical Package for the Social Sciences (SPSS) for analysis, along with demographic information. A Cronbach's alpha will test the internal reliability and consistency of the SCLI and OCB checklist. The Spearman's ranked order correlation will be used to test the relational strength between the dependent and independent variables, the relationship between the nurse manager's leadership and skills and an employee's OCB level, intent

to leave the organization, and job satisfaction. In the research I attempted to determine the relationship, if any, between a staff nurse's experience, age, education, time in nursing and on the unit and the nurse's intent to leave and overall job satisfaction.

Threats to Validity

Threats to the validity of a study can be internal and/or external. An internal threat can be related to the causal relationship between two variables. External threats can be made by associating specific outcomes across a large group of people or situations (Torre & Picho, 2016).

Internal validity is the examination of factors that can negatively impact the credibility of a research study. These factors can include any bias in the research questions, bias in the survey tool and the randomness of the people included in the study (Andrade, 2018). Several factors can affect internal validity. The differences in the characteristics of the groups being studied can lead to selection bias, which would impact validity (Baldwin, 2018). The research included clinical nurses from throughout a single VHA hospital, and the nurses varied widely in tenure, age, and educational levels. Each of these factors can potentially impact the respondent's viewpoint.

A common threat to validity is the mortality of those invited to participate in the research (Baldwin, 2018). Participants could die during the study. This type of error did not impact this study, because the survey period was for only a single survey period of less than one month and no follow up survey was needed. A third threat, called location (Baldwin, 2018) could be a factor. In this case, location relates to the setting or unit of the nurses. Hospital unit environments can vary widely based on the characteristics of the staff, staffing levels, patient load, types of patients admitted to that unit, the nurse

manager and their leadership style and the service lines, such as an intensive care unit (ICU), a general medical-surgical care unit, a mental health unit and a long-term care unit.

External validity is the validation of the study outcomes when applied to subjects and conditions outside of the controlled study group. The study participant group was comprised of busy staff nurses at a VHA facility, who worked in various clinical settings on different days and hours of the day and night. Some nurses may not have been comfortable with computers and the electronic survey could have impacted those who could or were willing to take the survey.

Nurses and nurse managers are under tremendous time restraints due to the number of tasks they are required to perform during a shift, patient demands and emergencies. All of these factors could have impacted survey participation (Steckler & McLeroy, 2008). The level of urgency, survey promotion and participation in the survey may have varied by unit.

Employees at the VHA may have survey fatigue. Employees are sent multiple surveys throughout the year including All Employee Survey (AES) sent by VHA National to measure employee satisfaction; the NDNQI RN survey, a national employee satisfaction benchmarking survey, and Pathway to Excellence Surveys to measure gaps in employee satisfaction and nurse leadership actions. Every service line sends satisfaction surveys to the staff including Information Technology (IT) after they close a technical work order, BioMed, Engineering, Education, and other departments. This survey required about a 10% return rate to meet statistical relevance. Extending the deadline,

providing paper surveys and increased reminders remained options to be used to meet survey participation requirements.

Covid-19 interrupted workflow, staffing levels and attention. While there has been a slow return to normalcy and people are returning to the hospital to work, these distractions also have impacted participation rates.

Ethical Procedures

The study was approved by the hospital system's IRB, hospital and nursing leadership and the IRB of Walden University. Notification was sent to the AFGE union for input, but it had no objections. The survey was anonymous and voluntary. There were no rewards for participation and no penalties for not participating. No names were collected in the demographic questionnaire and only aggregate data was published. All data was collected and stored in a secured tool, approved by the VHA. Only approved tools could be used for such surveys.

Summary

The data measured the relationship, if any, between a nurse manager's leadership and communication skills and an employee's OCB. I also wanted to determine the relationship between OCB and employee's job satisfaction and intention to leave the organization in a federal healthcare facility. Factors considered included age, years at the VHA and years on the unit.

Chapter 4

Introduction

The purpose of this quantitative, correlational research was to identify the relationship, if any, between a nurse manager's leadership and communication skill and an RN's level of OCB at a federal health care facility. OCBs are described as discretionary behaviors not formally defined or required as part of the job, but they are prosocial organizational behaviors that contribute directly to the organization or to individual team members (Bolan, 1997). While there is extensive research on the positive effects of OCB in the private sector (Higgins, 2015), there are no studies that measured the level and impact of OCB in a federal health care facility (Cullen & Gordon, 2014). Higher levels of OCB may improve employee job satisfaction and decrease an employee's intent to leave the VHA, essential elements to consider in the current nursing shortage crisis. The research questions that guided this study were:

RQ1: Is there a relationship between a nurse manager's leadership and communication skills and a staff RN's OCB score at a VHA hospital in Texas?

*H*₁₀: There is no relationship between a nurse manager's leadership and communication skills and a staff RN's OCB score at a VHA hospital in Texas.

*H*₁₁: There is a relationship between a nurse manager's leadership and communication skills and a staff RN's OCB score at a VHA hospital in Texas.

RQ2: Is there a relationship between an RN's OCB score and an RN's job satisfaction at a VHA hospital in Texas?

*H*₂₀: There is no relationship between an RN's OCB score and an RN's job satisfaction level at a VHA hospital in Texas.

H2₁: There is a relationship between an RN's OCB score and an RN's job satisfaction level at a VHA hospital in Texas.

RQ3: Is there a relationship between an RN's OCB score and intent to leave their position within one year at a VHA hospital in Texas?

H3₀: There is no relationship between an RN's OCB score and intent to leave their position within one year at a VHA hospital in Texas.

H3₁: There is a relationship between an RN's OCB and intent to leave their position within one year at a VHA hospital in Texas.

In this chapter I review the steps taken for this survey, the approvals required, and the pilot study used to test the technical components and ease of use for the survey. I review the potential population for the survey and the number of participants needed to have a statistically significant outcome. Table 2 provides a frequency table of the participants and percentage of the whole based on age, gender, unit, and organization tenure. I ran a Cronbach's alpha on each of the three components, the OCB check list, the leadership inventory, and the communication inventory to test the internal consistency of the survey. Table 3 provides the reliability findings from this test. Table 4 lists the correlation of constructs. Tables 5 and 6 has correlations on how years of tenure affect OCB scores and OCB frequency.

Pilot Study

The survey instruments used for this research included the RN LCI and the Organizational Citizenship Behavior Checklist. Both instruments have been used in previous academic studies on this topic and were used with permission from the authors. The questions were loaded into REDCap (Research Electronic Capture), an approved,

secure web application approved for surveys by the VHA. This pilot was to trial the process, technology, ease of access, clarity of consents and instructions and output capabilities of the web application and not a test of the instruments themselves. I sent a survey invitation to four RNs at the VHA on September 27, 2021, to test REDCap capabilities and the clarity of the instrument with my contact information to provide input. The participants found the access to the survey easy, the instructions clear and that the survey completion time met the noted time commitment. No complaints were registered, or changes required.

Data Collection

Data collection did not start until after the project had been approved by the Nursing and Medical Research Committees and VHA IRB and then Walden IRB. Final IRB approval was granted by Walden on August 28, 2021 (IRB # 08-26-21-0423030). Permission to conduct the survey also had to be approved by two additional nursing committees prior to launch, the Work Force Excellence (WFE) Committee and the Nursing Leadership Council (NLC). The WFE committee approved it on September 22, 2021 and allowed it to proceed to the NLC for approval on September 24, 2021. The NLC approved the research and participatory invites were sent to the VHA North Texas RN email group on September 29, 2021. The email included all the information required for survey by Walden IRB, including the link to the survey, detailed consent documentation and sample questions. Participants were informed about consent in multiple instructions that included the invite email and participation instructions and on the survey itself. Staff were verbally informed during staff morning huddles and in committee meetings. Participants had to voluntarily follow and click on a web link to the

survey which further instructed them about consent. The survey had an initial deadline of October 10, 2021. Permission had been granted to extend the deadline in two week increments if there were not enough participants. Reminder emails were sent on October 4th and October 8th. At the end of the survey, participants were thanked for their participation, and they could then close the survey. Participants could stop and exit the survey at any time during the process.

There were 1325 RNs in the NTX 118 RN email group. This group is comprised of only RNs from the VHA facility approved for the study. During the survey time frame, 144 RNs completed the survey, a 10.9% response rate. The 144 RNs exceeded the required minimum sample size of 82 participants determined by G-Power. No additional time was required to complete the sample size. The response rate was very positive as survey fatigue was a concern as was that the survey could only be accessed through a VHA network computer and had to be completed at work. Nursing staff are typically extremely busy at work, with the added responsibilities of caring for Covid-19 patients and practicing pandemic precautions.

The data collection period was limited to September 29 to October 10 and no extension was required. The survey process was followed as outlined in Chapter 3 and no issues were communicated during the survey period. Email and phone contact information was provided to the participants for questions, clarity, and concerns. No issues were communicated. The survey was captured in REDCap, a VA approved, secure survey tool. Data was downloaded into SPSS version 25.0 for all statistical analysis.

Of the 144 participants in the survey, seven participants did not indicate their supervisor status. The majority of responses, 81.3% were received from female nurses,

reflecting the demographics of VA nurses with decent disbursement from the 35-64-year age range. The respondents generally had more than 10 years of experience as a nurse, 77.1% and 20.9% had been on their unit for 3-10 years. A majority of nurses, 35.4%, had worked at the Dallas VA for greater than 10 years. Table 2 lists the breakdown of the nurses who responded to the survey.

Table 2

Descriptive Statistics

<i>Survey Participant Demographic Variables</i>				
Category	Frequency	Percentage	Valid %	Cumulative %t
Gender				
Male	21	14.6	14.6	14.6
Female	117	81.3	81.3	95.8
Not Listed	1	.7	.7	96.5
Prefer not to Say	5	3.5	3.5	100.00
Total	144	100.0	100.0	
Age				
18-24 years old	1	.7	.7	.7
25-34 years old	12	8.3	8.3	9.0
35-44 years old	34	23.6	23.6	32.6
45-54 years old	50	34.7	34.7	67.4
55-64 years old	39	27.1	27.1	94.4
> 65 years old	8	5.6	5.6	100.0
Total	144	100.0	100.0	
Years as a Nurse				
1-2 years	3	2.1	2.1	2.1
3-5 years	8	5.6	5.6	7.6

6-10 years	22	15.3	15.3	22.9
>10 years	111	77.1	77.1	100.0
Total	144	100.0	100.0	

Category	Frequency	Percent	Valid %	Cumulative %
Years on Unit				
1-2 years	36	25.0	25.0	36.8
3-5 years	34	23.6	23.6	60.4
5-10 years	42	29.2	29.2	89.6
>10 years	15	10.4	10.4	100.0
Total	144	100.0	100.0	
Years at Dallas VA				
< 1 year	8	5.6	5.6	5.6
1-2 years	14	9.7	9.7	15.3
3-5 years	33	22.9	22.9	38.2
5-10 years	38	26.4	26.4	64.6
>10 years	51	35.4	35.4	100.0
Total	144	100.0	100.0	
Supervisor				
Yes	25	17.4	18.2	18.2
No	112	77.8	81.8	100.0
Did not say	7	4.9		
Total	144	100.0	100.0	

Note. (n = 144).

According to the U.S. Bureau of Labor Statistics (May 2020), there were 2,986,500 employed RNs in the U.S. The National Council of State Boards of Nursing (NCSBN) stated the average RN is 51 years old and that 9.1% are male and 19.2% are minorities, (2021). The demographics are similar to the VHA respondents for which 14.6% were male and 34.7% were between 45 and 54 years of age.

The survey was only sent to Dallas VHA RN staff and the instructions noted that it was only for RNs. Since the survey was anonymous, there is no way to determine if other disciplines outside of RNs participated. The threats to validity were minimized by limiting it to the email group.

There were three components to this survey, demographics, the OCB Checklist and the RN Leadership and Communication Inventory (LCI). The demographics were limited to age, gender, years as an RN, years on the unit and years at Dallas VHA. Differences in the responses to the survey were analyzed to determine if there were variations related to age, years as a nurse and years employed at the VHA. The two tools used in the survey were used by permission of the authors.

Survey Reliability

A Cronbach's alpha was run on each survey tool. Cronbach's alpha is used to test the reliability or internal consistency of a scale used within the tool or instrument. The scale runs from 0-1.0, with the higher the coefficient, the more likely that the tool is consistently measuring the same concept in the same way (The University of Virginia Library, 2015). Cronbach's alpha scores between 0.65 and 0.8 are considered acceptable and scores of .70 or greater are considered acceptable in social science research (UCLA, 2021).

Two evaluations were required as the OCB and Leadership and Communication Inventories used different scales. The OCB Checklist used a frequency index from 0 = never to 4 = everyday, while the LCI used a five-point Likert scale from 1 = strongly agree to 5 = strongly disagree. The LCI survey had ten questions related to leadership, two questions related to communication and a third score that combined the leadership and communication scores.

The Cronbach's alpha for the OCB checklist was .904. This score put this test in the high reliability range for consistency and reliability. The Supervisor Leadership and Communication Inventory (SCLI) had three components, ten questions related to leadership and two questions related to communication and then a combined score for the SCLI total. Leadership questions 27, 30, 31, 33, 34, 37, and 38 were reverse coded for consistency with the other questions and then each of the three components was tested using Cronbach's Alpha. The Leadership Inventory had a Cronbach's Alpha of .799 and the communication component had a Cronbach's Alpha of .808. The SCLI combined Cronbach's Alpha was .860. Each of these scores are acceptable for this research.

Table 3

Reliability Statistics

Instrument	Cronbach's alpha	Cronbach's alpha based on standardized items	<i>n</i>	<i>Excluded</i>
Leadership (L)	.799	.782	10	0
Communication (C)	.808	.809	2	0
Combined L & C	.860	.847	12	0
OCB	.901	.904	20	0

Descriptive Statistics

Descriptive statistics were calculated on the data set in SPSS to obtain a summary of the data. The summary included the minimum, maximum, mean, standard deviation and variance on the dependent and independent variables. This included age in categories of 18-24, 25-34, 35-44, 45-54, 55-64 and > 65 years old, and gender categories of female, male, not listed, and preferred not to say. Job characteristics included years as a nurse, years on the unit, years at Dallas VA and supervisor status. Years as a nurse were grouped a < 1 year, 1-2 years, 3-5 years, 5-10 years, and > ten years, and supervisor was a yes, no question but was not a required field. A description of the dependent variables summarized OCB scores, the leadership score, communication score and a combined score that included the leadership and communication scores.

Hypothesis Testing

The purpose of this research was to determine the relationship, if any, between a nurse manager's leadership and communication skills and the level of staff's OCB, their job satisfaction, and their intent to leave the organization within one year. The constructs of this study were put into SPSS and tested with Spearman's bivariate correlation.

Table 4

Correlation of Constructs

	Job Satisfaction	Staying on Job	Staying w/ Org	Leadership	Communication	LCI
Staying on Job	.663**					
Staying w/ Org	.543**	.548**				
Leadership	.578**	.302**	.279**			
Communication	.538**	.324**	.297**	.800**		
LCI	.589**	.323**	.296**	.986**	.882**	
OCB	-.202*	-.265**	-.252**	-.172*	-0.109	-.170*

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

* . Correlation is significant at the 0.05 level (2-tailed).

The null hypotheses were rejected. There was a negative correlation in each construct related to OCB. In hypothesis 1, there was a negative relationship between OCB and the nurse manager's leadership skills, LCI, $r_s(142) = -0.170, p < 0.05$. Evaluating just the Communication score and OCB gave an $r_s(142) = -0.109, p = 0.19$. Evaluation of just the leadership score and OCB gave an $r_s(142) = -.172, p = 0.39$.

The second null hypothesis, H20 was that there was no relationship between a nurses OCB score and job satisfaction. This also was rejected as a Spearman's ranked correlation found a negative correlation coefficient, $r_s(142), -.202, p = 0.015$. The third null hypothesis, H30 was there was no relationship between an RN's OCB score and their intent to leave the VHA within one year. This also had a negative correlation, $r_s(142) = -.252, p = 0.002$. The survey also asked if there was intent to leave the unit within one year, this had a $r_s(142) = -.265, p = .001$. Thus, there was a negative correlation between an RN's OCB score and the nurse manager's leadership and communication skills, the nurse's job satisfaction and his/her their intent to leave the organization.

Cullen and Gordon (2014) had found positive correlations on the Medical-Surgical units they studied between leadership and communication skills and OCB scores in the private sector. The next thing to consider was the overall OCB scores at the VHA facility. Using SPSS, the total OCB score for each participant was calculated. The individual questions had responses from 0 = never to 4 = every day, with the total score range from 0-80 and $n = 144$. The mean score for the total OCB was 45.88 and a median of 46.00. The standard deviation of the scores was 13.09. The calculated percentiles for the total OCB scores were 25th = 37.00, 50th = 46.00 and 75th = 54.00. These percentiles were used to calculate low = 1, medium = 2 and high = 3 OCB scores. A review of the

data revealed that 26% of the RN group scored in the low OCB range, 28% in the medium OCB range and 47% in the high OCB range, $n = 144$. The majority of nurses at the VHA had OCB scores above the mean and that, from this survey, staff had high levels of OCB, despite it not influencing their job satisfaction or intent to leave.

Figure 2

Organizational Citizenship Behavior Total Score Histogram

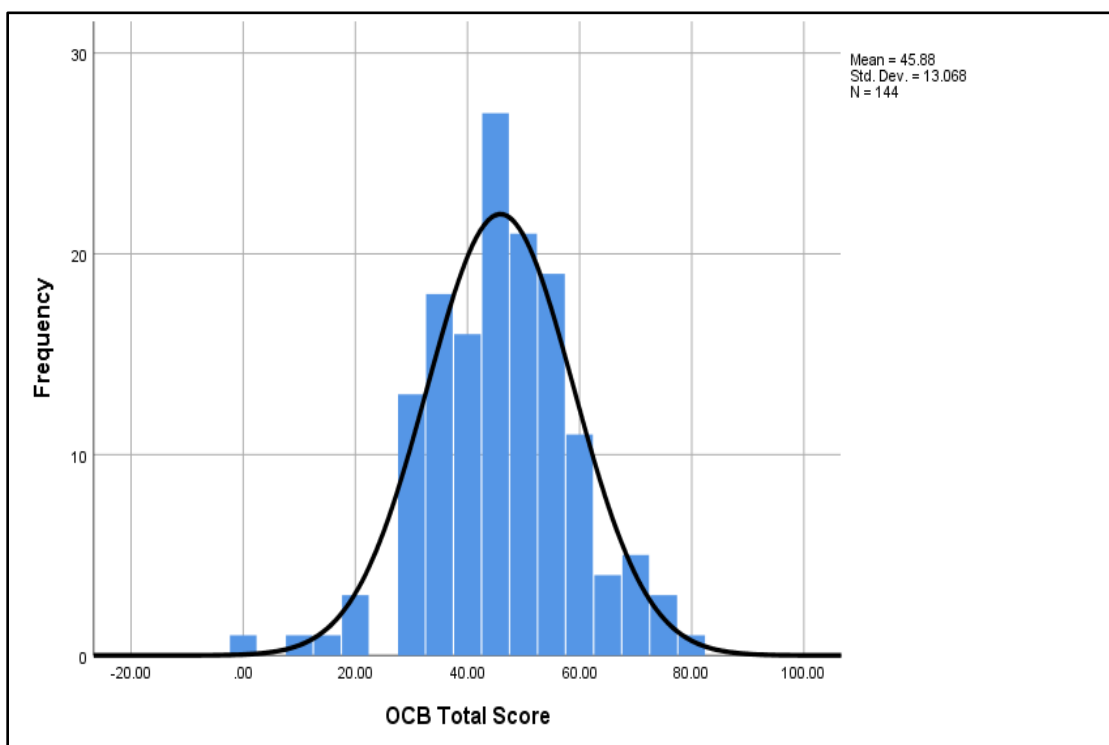
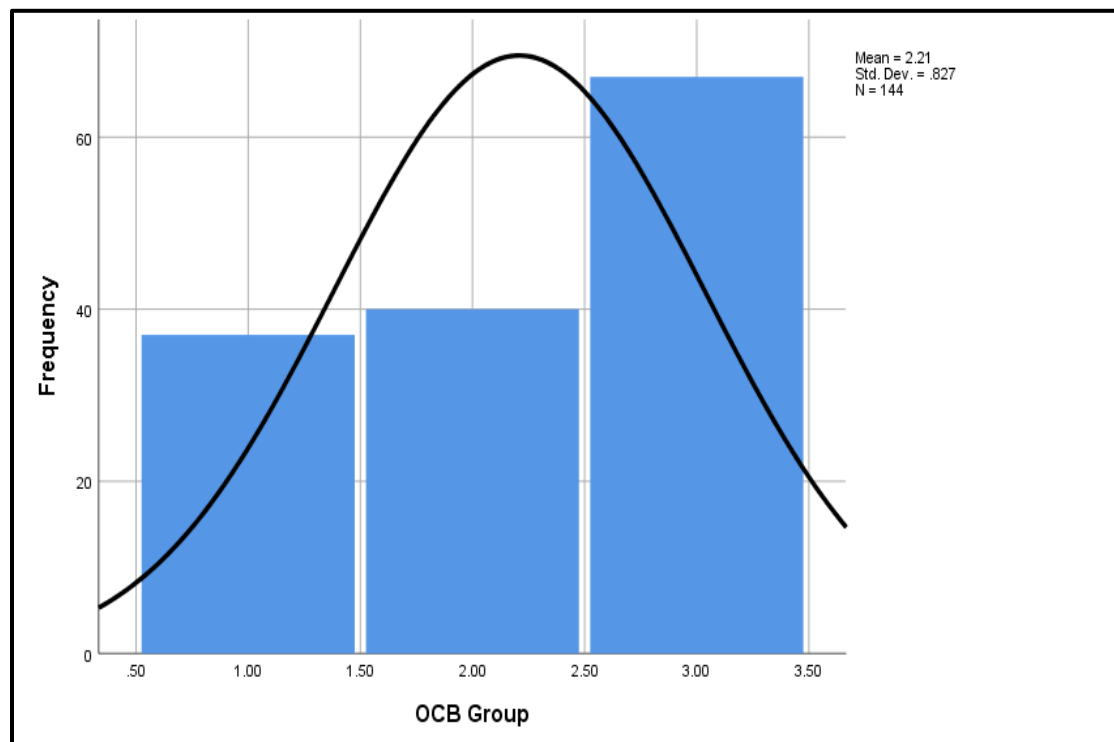


Table 5*Years at Veterans Health Administration Frequency and Organizational Citizenship**Behavior Score*

	Less than one year	1-2 Years	3-5 Years	5-10 Years	Greater than 10 years	Totals	Percent
Low OCB	1	3	8	13	12	37	26%
Medium OCB	3	6	8	5	18	40	28%
High OCB	4	5	17	20	21	67	47%
Totals	8	14	33	38	51	144	100%
Percent	6%	10%	23%	26%	35%	100%	

OCB at this federal health care facility had a negative bearing on job satisfaction or nurse turnover, but leadership and communication skills did. There was a statistically significant correlation between a nurse leader's leadership skills and job satisfaction ($p = 0.000$), unit intent to leave ($p = 0.000$) and organizational intent to leave ($p = 0.000$), communication skills and job satisfaction ($p = 0.000$), and turnover ($p = 0.001$) and the combined skill score and job satisfaction and turnover ($p = 0.000$).

This facility had normal distributive total OCB scores with a mean score of 45.8819 and a median of 46, out of a range of 0-80. The total OCB scores were converted to scores of low, medium, and high based on the median OCB score of 46 and standard deviation of +13 for high total OCB group and -13 for low total OCB group. Figure three illustrates the distribution of the low, medium, and high total OCB scores for $n = 144$. A majority, 47% of responding RNs had a high total OCB score, 27% had a medium score and 26% had low OCB total scores. High OCB scores were found across all ranges of tenure at the VHA.

Figure 3***Organizational Citizenship Behaviors Total Distribution, Low, Medium, High*****Table 6*****Frequency Table of Organizational Citizenship Behavior Score and Years at Veterans******Health Administration***

	Less than one year	1-2 Years	3-5 Years	5-10 Years	Greater than 10 years	Totals	Percent
Low OCB	1	3	8	13	12	37	26%
Medium OCB	3	6	8	5	18	40	28%
High OCB	4	5	17	20	21	67	47%
Totals	8	14	33	38	51	144	100%
Percent	6%	10%	23%	26%	35%	100%	

Cullen and Gordon (2014) found that leadership and communication skills were essential in the health care setting, through increased OCB, had an impact on higher levels of job satisfaction and decreased employee turnover. They also stated that these skills helped build health care teams and that leaders must coach staff and advocate for adequate resources in providing health care to patients.

Researchers Christensen et al. (2017) found that leaders who communicated well had a positive relationship on health care employee job satisfaction, work quality, turnover intentions, and public service motivations (PSM). They also found that public and private sector employee motivations had some similarities, were different and required different tactics and policies to motivate them to meet organizational goals. They found that employees in the public sector had different ideas about altruism and prosocial behaviors, or OCB.

Lastly, the demographics and jobs data were evaluated for correlation using a Spearman's ranked-order correlation. Age, gender, years as a nurse, years on the unit and years at VHA were correlated with job satisfaction, intent to stay on the unit for next year and to stay at the organization for the next year. Not surprisingly, years as a nurse, years on unit and years at the VHA had a statistically significant positive correlation at the 0.01 level. Job satisfaction had a statistically significant correlation at the 0.01 level with staying on the unit and with the organization.

Table 7*Demographics and Outcomes*

	Age	Gender	Years as a nurse	Years on unit	Years @ VA	Leader	Job satisfaction	Staying w/ unit	Staying w/ org
Gender	0.107								
Years as a Nurse	.443**	-0.164							
Years on Unit	.332**	0.079	.255**						
Years @ VA	.456**	0.027	.327**	.615**					
Leader	0.038	0.018	-0.146	-0.039	-0.114				
Job Satisfaction	0.077	0.024	0.020	-0.098	0.055	0.054			
Staying w/ Unit	0.086	0.067	0.021	-0.060	0.113	-0.006	.663**		
Staying w/ Org	0.030	-0.083	0.002	-0.159	0.014	0.071	.543**	.548**	
OCB Total Score	-0.145	-0.070	-0.118	-0.005	-0.066	0.164	-.202*	-.266**	-.252**

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

* . Correlation is significant at the 0.05 level (2-tailed).

Conclusions

There is ample research on the positive impact of OCB in the workforce and specifically in health care, but no studies on the impact of OCB within a federal health care facility. This facility did have high levels of OCB, but there was a negative correlation with OCB and job satisfaction and turn over intentions.

The measure of PSM at the VHA were not determined nor was the impact of, or membership in the AFGE. The impact of unions on the federal work force has not been studied. All employee research surveys must be reviewed and approved by the local AFGE.

In Chapter 5, these findings will be interpreted and what questions remain open or have been opened by this research will be discussed. Recommendations for future research will be explored, and there will be discussions of what gaps this research perhaps filled and what gaps were opened by these findings.

Chapter 5

The purpose of this quantitative, correlational study was to examine the relationship between a staff RN's OCB and the nurse manager's leadership and communication skills. There is evidence in the literature that OCB has a positive impact on an organization, from improved staff job satisfaction, decreased turnover and improved patient outcomes (Paille' et al., 2015). Job satisfaction is the primary indicator of an employee's intent to leave (De Simone et al., 2018). Organizations whose staff have high levels of OCB showed higher levels of productivity, job satisfaction and employee morale and decreased levels of employee turnover. This was significant even before the pandemic as the AACN anticipates nurse staffing shortages through 2030 (AACN, 2019).

While there have been studies on OCB and the impact it had on an organization in the private sector, there was less research in the health care setting and an extensive search of the literature found no research on OCB in the U.S. public sector or a federal health care facility. I had the unique opportunity to pursue this research through direct professional and academic association with a federal health care facility.

This research provides some insight into one federal health care facility and research into other facilities would be necessary to establish a more informed picture of job satisfaction and turnover intent throughout the federal health care work force. Differences in staff, union involvement, employee engagement, size of the facility, geographic area of the health care system, and location of the facility can impact the work environment.

Interpretations and Findings

In previous studies, OCB positively impacted job satisfaction and employee turnover. In this study, OCB had a negative effect on these variables. As noted, there was a strong, statistically significant, positive correlation between nursing manager's leadership and communication skills and job satisfaction and job turnover at the unit and organizational level. While Cullen and Gordan (2014) found a strong association between OCB and leadership and communication skills and a positive relationship between leadership skills and improved job satisfaction and decreased turnover, this study did not have a correlation between OCB and leadership and communication skills. This is contrary to what was found in the private sector and other organizations. NG, (Ng, et al, 2021) found as strong correlation between job satisfaction, work engagement and OCB. This suggests that the VHA might explore ways to improve communication and leadership skills to improve job satisfaction and decrease employee turnover.

The impact of the employee's union was not explored and was beyond the scope of this study. Some studies suggest that union workers overall have lower job satisfaction levels and are less satisfied with their leadership (Hammer & Avgar, 2005). Those authors stated that some of the dissatisfaction may be from the narrowly defined job descriptions and restrictive work rules that prevent employees from fully utilizing their skills and creativity in the workplace, further limiting the challenges employees would face and overcome thereby making the job less satisfying. Secondly, the impact of the union on the employee workforce should also be considered. However, how employee unions positively or negatively impact the federal workforce or would impact this study's findings in this study was beyond the scope of this study.

The impact of PSM was also not explored in this study. PSM refers to “an individual’s predisposition to respond to motives grounded primarily or uniquely in public institutions or organization,” (Perry and Wise, 1990, p. 368). Workers with high levels of PSM may be more motivated to serve the public sector for the common good rather than focus on self-interests or organizational for-profit interests. Georgellis and Tabvuma (2010) described PSM as a specific prosocial behavior. Ingrams (2020) noted the lack of research on OCB in the public sector but noted that OCB levels were often high in public service organizations. This is consistent with what was found at the federal health care facility in the current study. Ingram also stated there was a strong relationship between PSM and OCB and concluded that PSM may have a larger impact on employee job satisfaction.

This research found the OCB level at this federal facility was high but did not impact the studied variables. This research suggests that further studies in a similar environment would confirm or oppose these findings. The research did show this facility had high levels of OCB. How that high OCB translated to improved patient outcomes or teamwork was not part of this study, so the other positive aspects of high OCB levels need further research in this setting.

Ultimately this study was conducted to find ways to improve job satisfaction and reduce employee turnover in a federal health care organization. There are and continues to be gaps in the literature focused on the federal workforce and ultimately the public service sector in the United States. This research did confirm that leadership and communication skills positively impacted employee job satisfaction and job turnover

intention. High levels of OCB along with the public service model could translate into better patient care as found by Paille' et al. (2015).

Conclusion

The research into the relationship between a nurse manager's leadership and communication skills and a registered nurses OCB, job satisfaction and intent to leave the organization filled several gaps in the academic literature regarding the relationship between OCB, job turnover, and job satisfaction within a federal health care facility. It provided an evidence-based approach for the facility to potentially improve employee job satisfaction and thereby reduce employee turnover in a highly competitive health care employee market. Using the results of this study, nursing executive leadership could develop leadership programs that would enhance a nurse manager's leadership and communication skills to improve employee job satisfaction and decrease job turnover intention. These benefits create a more stable workforce and could be used to weather the ongoing nursing shortage.

It also showed the need for further research into the federal health care sector. The federal government is the largest employer in the United States with over 2.1 million employees, excluding the U.S. Post Office, contractors, grant employees, and the military (Congressional Research Services, 2021). Other people employed in the public sector by state and local governments total 19.7 million people (U.S. Census Bureau, 2021). More study into the culture and motivations of public sector employees is necessary as they are involved in the lives of all 330 million Americans and people around the world.

There are currently 19 million U.S. veterans living in the United States and the VHA currently serves less than 50% of those veterans. The VHA employs over 71,000

RNs (VHA, 2019b) and the Government Accountability Office reported that 30% of VHA employees will be eligible to retire by 2022 (Spotswood, 2019). Employee motivations and job satisfaction levels need to be monitored to ensure that there is adequate staff at federal health care facilities to care for the nation's veterans.

The results of this research can help the VHA develop strategies to improve job satisfaction and reduce RN turnover to fulfill their mission to veterans leading to improved patient care and positive social change.

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Appendix A

Key Words and Search Terms

- Factors in Patient Outcomes
- Job satisfaction
- Measuring OCB
- Nurse retention and turnover
- Nursing shortages
- Organizational Citizenship Behavior (OCB)
- Organizational Citizenship Behavior Organizations (OCBo)
- Organizational Citizenship Behavior Individuals (OCBi)
- Organizational Culture
- OCB Measurement Tools
- Public and private work sectors
- RN/Employee satisfaction
- RN Shortage
- RN Turnover
- Social Exchange Theory
- Unions
- Union Citizenship Behavior (UCB)
- Veterans Affairs and the workforce culture
- Veterans Health Administration

Appendix B

**Permission to Use an Existing Survey
Supervisor Leadership Communication Inventory (SLCI)**

Date: November 20, 2019

Dr. Ruby A. Daniels
Organizational Troubleshooter, LLC

Hi Emmitte,

Thank you for your request for permission to use the Supervisor Leadership Communication Inventory (SLCI) in your doctoral dissertation research study at Walden University. I am willing to grant you a one-time permission to reproduce the SLCI at no cost with the following understanding:

- You will use the SLCI only for your doctoral research study and will not sell or use it with any compensated management/curriculum development activities.
- You will include copyright notification information on all copies of the instrument, whether on paper or electronic.
- You will provide one copy of your approved dissertation upon the completion of your study.
- Duplication and/or distribution of the SLCI (in whole or in any part), or any related material provided by *Organizational Troubleshooter, LLC*, beyond your doctoral dissertation work will be in violation of copyright law.

If these are acceptable terms and conditions, please indicate so by signing one copy of this agreement and returning the original at the above address.

Best wishes with your study!

Sincerely,



Ruby A. Daniels, Ph.D.

I understand these conditions and agree to abide by these terms and conditions.

Emmitte Hall, RN

Appendix C

Sharing of Results for Researchers Who Use My Scales

All of my scales are copyrighted. I allow free use under two conditions.

1. The use is for noncommercial educational or research purposes. This means no one is charging anyone a fee. If you are using any of my scales for consulting purposes, there is a fee.
2. You agree to share results with me. This is how I continue to update the norms and bibliography.

What Results Do I Need?

1. Means per subscale and total score
2. Sample size
3. Brief description of sample, e.g., 220 hospital nurses. I don't need to know the organization name if it is sensitive.
4. Name of country where collected, and if outside of the U.S., the language used. I am especially interested in non-American samples.
5. Standard deviations per subscale and total score (optional)
6. Coefficient alpha per subscale and total score (optional)

I would love to see copies of research reports (thesis, dissertation, conference paper, journal article, etc.) in which you used the JSS. Summaries are fine for long documents (e.g., dissertation), and e-mailed documents are preferred (saves copy and mail costs). Be sure to indicate how you want the work cited in the bibliography.

Appendix D

From: IRB <irb@mail.waldenu.edu>
Sent: Thursday, August 26, 2021, 2:55:16 PM
To: Emmitte Hall <emmitte.hall@waldenu.edu>
Cc: IRB <irb@mail.waldenu.edu>; Ken J. Feldman <kenneth.feldman@mail.waldenu.edu>
Subject: IRB Materials Approved - Emmitte Hall

Dear Emmitte Hall,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "The Relationship Between a Nurse Manager's Leadership and Communication Skills and an RN's Organizational Citizenship Behavior, Employee Satisfaction, and Intent to Leave within a Federal Health Care Facility."

Your approval # is 08-26-21-0423030. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on August 25, 2022 (or when your student status ends, whichever occurs first). One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained on the Tools and Guides page of the Walden website: <https://academicguides.waldenu.edu/research-center/research-ethics/tools-guides>

Doctoral researchers are required to fulfill all of the Student Handbook's [Doctoral Student Responsibilities Regarding Research Data](#) regarding raw data retention and dataset confidentiality, as well as logging of all recruitment, data collection, and data management steps. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,

Elyse V. Abernathy, MSL, MSM
Research Ethics Support Specialist
Research Ethics, Compliance and Partnerships

Walden University
100 Washington Avenue South, Suite 1210
Minneapolis, MN 55401

Email: irb@mail.waldenu.edu

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Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link:

<http://academicguides.waldenu.edu/researchcenter/orec>

Appendix E

Nursing Service

Research, EBP, or Quality Improvement Determination Form

Name of the Project: The Relationship Between a Nurse Manager's Leadership and Communication Skills and an RN's Organizational Citizenship Behavior, Employee Satisfaction, and Intent to Leave within a Federal Health Care Facility

Submitted as

https://vaww.va.gov/nursing/ebprc/docs/ebp_qi_rsrch.pdf) for determination criteria

Research (will need IRB submission):	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO	Approved as:
Evidence Based Practice:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO	
Quality Improvement:	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	

Name of person submitting project:

Joseph Emmitte Hall, RN
VA Process Improvement Coordinator

Date submitted: March 4, 2021

PROJECT INITIATION FORM

Current Date: March 4, 2021

Proposed Start Date: June 1, 2021, Target Finish Date: June 30, 2021

Title of Project: The Relationship Between a Nurse Manager's Leadership and Communication Skills and an RN's Organizational Citizenship Behavior, Employee Satisfaction, and Intent to Leave within a Federal Health Care Facility

Problem/Issue Statement: (what is wrong?)

A gap in peer reviewed literature regarding the impact, if any, of Organizational Citizenship Behavior (OCB) on RN employee satisfaction and intent to leave within a federal health care facility.

Goal/Proposed Results: (why are you doing it, what are you expecting to happen?) I want to add to the knowledge of effectiveness of OCB within an organization.

Organizations that promote opportunities for OCB, (actions not expected nor part of an employee's job description but contribute to individual staff members or the organization, such as "going that extra mile") have improved employee satisfaction levels and reduced turnover. This phenomenon has been seen in the private sector and in health care facilities, but no research was found to have been done in a federal health care facility such as the VA. This is pertinent because the VA is the largest health care system in the U.S. and the single largest employer of RNs. The VA must compete with health systems in the private sector and must attract and retain good and caring RNs to care for the Veterans.

Description of Project: (what are you going to do?)

An invitation will be emailed to in-patient RNs at the Dallas VA to participate in a survey to measure their level of OCB and evaluate the communication and leadership skill of the nurse manager. The survey is short, voluntary, and anonymous. Age, experience levels, gender and education level information will be collected but no specific data will be

shared with anyone, only aggregate data. There is no compensation for participating and no consequences for not participating. The survey will be administered via REDCap Survey

Tool, an official and approved tool for employee surveys. The survey itself has been used by other researchers in the private sector and proven to be reliable.

Proposed Benefit to VANTHCS of the Project: (what will you do with the results?)

If, as expected, that increased levels of OCB does contribute to improved employee satisfaction and reduced intention to leave, the VA can find ways to promote OCB within the organization to gain from the expected benefits of organizational OCB. Seminars and classes could be developed to promote and harbor positive employee interactions and behaviors. Nurse Managers could be taught how to improve their communication and leadership skills to increase organizational OCB. This would also lay the foundation for further, specific studies on employee satisfaction for federal health care facilities in the future to fill the other gaps in the literature this study find.

Name of the Learner: Joseph Emmitte Hall, MPhil, MHA, BSN, RN,
PI Coordinator for Nursing at VA NTX.

Approvals

Thomas, Maria Digitally signed by Thomas,
Maria
Date: 2021.03.04 14:19:06 -06'00'

Maria Thomas, DNP, MSN, RN
Chief Nurse Research & Evidence-Based Practice

James P Digitally signed by James
P LePage 444960

LePage 444960 Date: 2021.03.04
14:54:53 -06'00'

James LePage, Ph.D.
Associate Chief of Staff for Research and Development