

2018

Examining the Relationship Between Organizational Climate and Organizational Citizenship Behaviors Within Hospitals

Michelle Christine Maus
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [Business Administration, Management, and Operations Commons](#), [Health and Medical Administration Commons](#), [Management Sciences and Quantitative Methods Commons](#), and the [Organizational Behavior and Theory Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Management and Technology

This is to certify that the doctoral dissertation by

Michelle Christine Maus

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Donna Brown, Committee Chairperson, Management Faculty
Dr. Thomas Spencer, Committee Member, Management Faculty
Dr. Thomas Butkiewicz, University Reviewer, Management Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

Examining the Relationship Between Organizational Climate and Organizational
Citizenship Behaviors Within Hospitals

by

Michelle Christine Maus

MBA, Cleveland State University, 1999

BS, Ohio University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Management

Walden University

November 2018

Abstract

Members of the healthcare industry have not fully understood organizational climate factors that enhance organizational citizenship behaviors (OCBs). This lack of understanding can result in negative patient outcomes. The purpose of this cross-sectional quantitative study was to examine the relationships between organizational climate factors and OCBs of employees at hospitals via person–organization fit theory. More specifically, the purpose of this research was to explore (a) the relationships between organizational climate variables (i.e., welfare, autonomy, involvement, effort, training, integration, and supervisory support) and OCBs ($n = 218$), (b) differences in OCB scores between hospital leaders ($n = 72$) and followers ($n = 146$), and (c) differences in OCB scores between clinical ($n = 167$) and nonclinical ($n = 51$) hospital employees. The data were collected from alumni of healthcare degree programs via an anonymous online questionnaire. Results indicated that effort and integration were statistically significant predictors of OCBs. Independent *t*-test results indicated no significant differences in OCB scores between leaders and followers and between clinical and nonclinical employees. To increase OCBs, a cultural shift is required that includes rewarding actions that align with organizational goals and engaging in interdepartmental collaboration. Implications include increased organizational sustainability; more efficient use of healthcare resources; positive, data-driven decision making regarding healthcare policy; and an increase in aggregate displays of OCBs. Emphasizing effort and integration can promote positive social change that results in enhanced patient care, alignment between employee actions and organizational goals, and improved overall societal health.

Examining the Relationship Between Organizational Climate and Organizational
Citizenship Behaviors Within Hospitals

by

Michelle Christine Maus

MBA, Cleveland State University, 1999

BS, Ohio University, 1995

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Management

Walden University

November 2018

Dedication

This dissertation is dedicated to my family, those individuals who have provided unwavering support through this educational journey. More specifically, I dedicate this dissertation to my father, Joseph Michael Srodek, who provided unconditional encouragement in my educational endeavors during his life and now provides support in spirit. I also dedicate this dissertation to my mother and brother, Dolores Diana Srodek and Matthew Joseph Srodek, who have stood alongside me, helping me through the obstacles I encountered and celebrating the successes I have achieved. Last, but not least, I dedicate this dissertation to my children, Abigail Christine Maus and Joseph Warren Maus. It is my hope that my children, who have experienced this endeavor with me from the onset to completion, learn by example the significance of dedication and perseverance as well as the power of knowledge.

Acknowledgments

There are several individuals I would like to acknowledge. First, I would like to acknowledge my dissertation committee. Dr. Donna Brown, my dissertation chair, has provided me with consistent, unwavering guidance and support throughout this entire research endeavor. Dr. Thomas Spencer, my methodologist, has challenged and directed me in furthering my understanding and passion for statistics. The third member of my committee, Dr. Tom Butkiewicz, has further ensured that the work I presented meets the rigor expected of a Ph.D. student. Second, I would like to acknowledge those colleagues and friends I have reached out to who have provided advice and encouragement from the onset of this research project to its completion. This support provided me with the encouragement to push harder, challenging myself more than I ever thought was possible.

Table of Contents

List of Tables	v
List of Figures	vii
Chapter 1: Introduction to the Study.....	1
Background of the Study	3
Problem Statement	7
Purpose of the Study	8
Research Questions and Hypotheses	9
Research Question 1	9
Research Question 2	10
Research Question 3	11
Theoretical Foundation	12
Nature of the Study	14
Definitions.....	15
Assumptions.....	18
Scope and Delimitations	18
Limitations	21
Significance of the Study	22
Significance to Theory	23
Significance to Practice.....	24
Significance to Social Change	24
Summary and Transition.....	26

Chapter 2: Literature Review	29
Literature Search Strategy.....	31
Theoretical Foundation	31
Job Satisfaction	34
Employee Engagement and Motivation.....	35
Organizational Citizenship Behaviors	36
Person–Organization Fit Model.....	38
Literature Review.....	40
Organizational Citizenship Behaviors	40
Antecedents and Outcomes of Organizational Citizenship Behaviors	40
Organizational Climate	57
Prior Methods Used to Explore Organizational Climate and Organizational Citizenship Behaviors	72
Summary and Conclusions	75
Chapter 3: Research Method.....	77
Research Design and Rationale	78
Research Question 1	78
Research Question 2	79
Research Question 3	80
Methodology.....	81
Population	82
Sampling and Sampling Procedures	82

Procedures for Recruitment, Participation, and Data Collection (Primary Data).....	86
Field Testing	90
Instrumentation and Operationalization of Constructs	90
Operationalization: Organizational Climate	96
Operationalization: Organizational Citizenship Behaviors	97
Data Analysis Plan	98
Research Question 1	98
Research Question 2	101
Research Question 3	103
Threats to Validity	105
External Validity.....	105
Internal Validity	106
Construct Validity.....	107
Ethical Procedures	108
Summary	110
Chapter 4: Results	113
Field Test	114
Data Collection	115
Summary Statistics.....	116
Research Question 1	119
Research Question 2	119

Research Question 3	119
Representation of the Population	120
Study Results	121
Research Question 1	122
Research Question 2	136
Research Question 3	140
Summary	144
Chapter 5: Discussion, Conclusions, and Recommendations	147
Interpretation of Findings	148
Limitations of the Study.....	153
Recommendations.....	155
Implications.....	160
Conclusion	165
References.....	168
Appendix A: Document to Send to Office of Alumni	186
Appendix B: Questionnaire Items.....	188

List of Tables

Table 1. Results of the G* Power Analysis	84
Table 2. Colleges and Universities Contacted in Ohio and Responses Received	117
Table 3. Colleges and Universities that Participated and the Number of Alumni Contacted	118
Table 4. Minimum Preferred and Actual Sample Sizes for Each Research Question....	120
Table 5. Descriptive Statistics of the Dimensions of Organizational Climate and Organizational Citizenship Behaviors.	122
Table 6. Casewise Diagnostics for OLS (Ordinary Least Squares) Multiple Regression Run (for Outlier Detection).....	129
Table 7. Correlations for Both the Independent Variables and Dependent Variable.	130
Table 8. Collinearity Diagnostics for OLS (Ordinary Least Squares) Multiple Regression Model	131
Table 9. Weighted Least Squares Regression.....	134
Table 10. ANOVA.....	135
Table 11. ANOVA Predictive Model.	136
Table 12. Descriptive Statistics of Leaders vs. Followers for the Organizational Citizenship Behaviors Variable.	137
Table 13. Shapiro-Wilk Test to Assess Normality of Leaders and Followers.....	139
Table 14. Levene’s Test for Equality of Variances of Leaders and Followers.....	139
Table 15. Descriptive Statistics of Clinical vs. Nonclinical Employees for the Organizational Citizenship Behaviors Variable	141

Table 16. Shapiro-Wilk Test to Assess Normality of Clinical and Nonclinical Employees.	143
Table 17. Levene's Test for Equality of Variances of Clinical and Nonclinical Employees.....	144

List of Figures

Figure 1. Partial regression plot assessing effort and organizational citizenship behaviors	125
Figure 2. Partial regression plot assessing integration and organizational citizenship behaviors	126
Figure 3. Partial regression plot assessing autonomy and organizational citizenship behaviors	127
Figure 4. Plot of unstandardized predicted values and studentized residuals	129
Figure 5. Normal Q-Q histogram of studentized residuals	132
Figure 6. Normal P-P plot of regression standardized residuals	133
Figure 7. Box-plot for organizational citizenship behaviors of leaders (1) vs. followers (2)	138
Figure 8. Box-plot for organizational citizenship behaviors of clinical employees (1) vs. nonclinical employees (2)	142

Chapter 1: Introduction to the Study

In response to a variety of economic, social, and political factors, the healthcare industry has experienced, and continues to experience, a significant degree of change. To promote effective change, efficient functioning, and excellent work performance, employees within healthcare organizations should engage regularly in organizational citizenship behaviors, which researchers have identified in the literature as altruism, courtesy, conscientiousness, sportsmanship, and civic virtue: behaviors that extend beyond those behaviors often noted in formal job descriptions (Ozsahin & Sudak, 2015; Turnipseed & Vandewaa, 2012). Because organizational leaders typically have not recognized organizational citizenship behaviors through formal reward systems (and therefore employees are not directly rewarded), when employees display organizational citizenship behaviors, organizational benefits accrue without extra cost (Vandewaa, Turnipseed, & Cain, 2016). Organizational leaders have assumed that they can promote organizational citizenship behaviors by altering or improving the organizational climate, transitioning average-functioning employees into employees who engage in behaviors that exceed requirements, standards, and expectations that appear in formal job descriptions (Organ, Podsakoff, & MacKenzie, 2006). As a result, organizational citizenship behaviors are extremely valuable within any industry (e.g., the healthcare industry), especially when these organizations require cost containment. Previous efforts by organizational leaders to promote organizational citizenship behaviors primarily have focused on the attitudes and dispositions of employees, personality characteristics, leadership styles, and the influence that leadership qualities can exert on the work

environment (Organ et al., 2006). Even though researchers have conducted a substantial amount of research on leadership and follower qualities, they have minimally explored potential variables within an organizational climate that may encourage organizational citizenship behaviors (Organ et al., 2006).

The purpose of this cross-sectional quantitative study was to examine the possible relationships between organizational climate factors and organizational citizenship behaviors of employees at hospitals within the United States. More specifically, the purpose of this study was to determine whether dimensions within the human relations domain of organizational climate predict organizational citizenship behaviors. The study has several potential social implications. First, this study reflects the potential to improve and align organizational function and strategic management during times of change. Second, a more complete understanding of the relationship between organizational climate and organizational citizenship behaviors may result in enhanced employee engagement, subsequently improving the patient experience, increasing the quality of care, and improving overall societal health.

This first chapter contains foundational information concerning the topics of organizational climate and organizational citizenship behaviors within the healthcare industry. It includes the problem statement, founded in existing research, and identifies the research gap. Also in Chapter 1, I present the theoretical framework that guides the study, the purpose of the study, and a description of the research design. Next, I present the research questions and their respective hypothesis statements. Finally, in this chapter I

describe the significance of the study; define key terms; and present the assumptions, delimitations, and limitations of the study.

Background of the Study

The healthcare industry clearly meets the criteria of a complex system. For example, the scope of the industry is extremely widespread and includes activities ranging from high-tech medical research to patient transportation. It requires a high degree of integration through the convergence of several systems, and it reflects user expectations that have rapidly evolved (Schell & Kuntz, 2013). Unfortunately, according to Hess (2013), the healthcare industry within the United States has and continues to experience elevated costs, dissatisfied patients and families, extreme waste, a lack of qualified employees, and unaligned and ineffective processes. In addition, the healthcare industry has experienced a considerable degree of rapid change. Examples of these changes include, but are not limited to, an influx of newly insured individuals as a result of the Affordable Care Act, an emphasis on disease prevention and health promotion, technology dependency, and the transition from fee-for-service reimbursement by third-party payers to an incentive payment model (Schell & Kuntz, 2013). These changes have presented economic challenges for leaders within the healthcare industry responsible for promoting efficiency and effectiveness, system-wide cost containment, and quality improvements in patient care. Addressing these rapid changes in this complex environment requires a radical new approach. The radical new approach reflects the need for and responsibility of leaders and courageous followers to promote change and overcome resistance. These leaders and followers need to display organizational

citizenship behaviors at all organizational levels (Zehir, Müceldili, Altındağ, Şehitoğlu, & Zehir, 2014).

To survive in a competitive industry, such as the healthcare industry, businesses must understand and invest in human capital. More specifically, they must understand organizational climate and its influence on behavior (Qadeer & Jaffery, 2014). Although I focused this study on organizational climate, it is essential to distinguish the difference between organizational climate and organizational culture. Organizational climate refers to employees' perceptions of the distinguishing elements of a work environment that influence the behavior of individuals who work in that environment (Sims & LaFollette, 1975). Researchers have defined organizational culture as shared beliefs, norms, or values that employees of an organization possess (Patterson et al., 2005). In other words, organizational climate is the manifestation of organizational culture. A better understanding of the influence that organizational climate has on human capital can increase the potential to create organizational environments in which employees willingly display extra-role behaviors, also referred to as organizational citizenship behaviors (Shahin, Natfchali, & Pool, 2014).

Organizational citizenship behaviors are discretionary behaviors; that is, they are behaviors that have not been identified within formal job descriptions or within formal organizational reward systems. Although researchers and theorists have proposed a variety of methods concerning how organizational citizenship behaviors should be measured, the organizational citizenship behaviors that I used for my study include altruism, courtesy, conscientiousness, civic virtue, and sportsmanship (Organ et al.,

2006). Aggregated displays of these extra-role behaviors throughout organizations have led to enhanced organizational effectiveness as a result of enhanced coworker and managerial productivity, efficient use of resources, coordination of activities, collaboration among employees, employee retention, employee stability, and employee adaptability (Organ et al., 2006; Podsakoff, MacKenzie, Paine, & Bachrach, 2000). Podsakoff et al. reported that high-performing employees were more likely to exhibit enhanced altruism, sportsmanship, and civic virtue than courtesy and conscientiousness. Displays of these organizational citizenship behaviors by high-performing employees further increase efficiency, customer satisfaction, and profit (Podsakoff et al., 2000) as well as job satisfaction, commitment, and motivation, ultimately enabling organizations to reach strategic goals more quickly and efficiently (Shahin et al., 2014). Displays of organizational citizenship behavior have been reported to decrease employee turnover. For example, Chen, Hui, and Segó (1998) reported a statistically significant negative correlation ($p < .01$) between organizational citizenship behaviors and employee turnover.

Possible antecedents, or predictors, of organizational citizenship behaviors include job satisfaction, organizational commitment, employee attitudes, personality traits such as agreeableness or conscientiousness, leadership style and its influence on the work environment, and views of organizational justice (Organ et al., 2006; Ozsahin & Sudak, 2015). Psychological contracts between employees and organizations, in conjunction with trust, also have been reported to influence organizational citizenship behaviors (Robinson, Perryman, & Hayday, 2004). Abusive leadership behaviors,

displayed in the form of bullying, tyranny, or undermining, not surprisingly, have been reported to diminish displays of organizational citizenship behaviors (Robinson et al., 2004). On the other hand, transformational leadership behaviors have been positively correlated with displays of altruism, courtesy, conscientiousness, and sportsmanship (Podsakoff et al., 2000). In addition, task-related predictors identified as feedback, routine activities, intrinsically satisfying tasks, and decision-making authority have been significantly correlated with altruism, courtesy, conscientiousness, sportsmanship, and civic virtue (Podsakoff et al., 2000).

Researchers have investigated the ideal organizational climate required to elicit organizational citizenship behaviors as well as address the chaos, risk, and uncertainty that exist within many organizations (Muchinsky, 1976; Sims & LaFollette, 1975). As a result, researchers and theorists have identified a high number of organizational climate factors considered essential in maintaining competitiveness and sustainability. This proliferation of various organizational climate factors (and even the definition of *organizational climate*) has resulted in confusion and the absence of a well-constructed model (Patterson et al., 2005). In addition, the research that has been conducted to assess the relationship between organizational climate and organizational citizenship behaviors has been conflicting (Liou & Cheng, 2010; Qadeer & Jaffery, 2014; Shahin et al., 2014). For example, according to Shahin et al., empirical results have pointed to a relationship between organizational climate and organizational citizenship behaviors. In contrast, Nimran (2011) has reported that organizational climate factors do not directly influence in organizational citizenship behaviors.

According to Furnham and Goodstein (1997), organizations have recognized the importance of the relationship between organizational climate and organizational citizenship behaviors. They have recognized that organizational climate has the potential to enhance organizational performance, and thus they have become better able to diagnose organizational climate. Organizations have been better able to implement plans to mitigate gaps between actual and preferred organizational performance (Furnham & Goodstein, 1997).

Problem Statement

Despite research studies indicating that enhanced organizational effectiveness is related to organizational citizenship behaviors, the factors that influence and promote the display of organizational citizenship behaviors have not been clearly identified or understood, especially within the healthcare industry (Dekas, Bauer, Welle, Kurkoski, & Sullivan, 2013). Leaders can foster and support an organizational climate that promotes a competitive advantage through employees (Hess, 2013), potentially offsetting healthcare spending, which is projected to represent 19.9% of the GDP by 2022 (Centers for Medicare and Medicaid Services, 2013). The general problem relates to a lack of understanding about the extent to which organizational climate factors influence organizational citizenship behaviors within healthcare organizations, particularly among workgroups within these organizations and among individual employees. The specific problem is that the healthcare industry has been plagued by a lack of knowledge in the existing research literature about the organizational climate factors that are most conducive in enhancing organizational citizenship behaviors among hospital employees.

This lack of knowledge in the existing research literature can result in negative patient outcomes. Understanding this relationship between organizational climate and organizational citizenship behaviors is vital to ensure positive social change via the (a) enhancement of patient care, (b) promotion of alignment between employee actions and organizational goals, (c) engagement in effective strategic management of organization-wide change, and (d) improvement of overall societal health (Hess, 2013).

Purpose of the Study

The purpose of this cross-sectional quantitative study was to examine the possible relationships between organizational climate factors and organizational citizenship behaviors of employees at hospitals within the United States. I defined the independent variable, organizational climate, as employees' perceptions of the dimensions of a work environment that employees are exposed to that influence the behavior of individuals who work in that environment (Patterson et al., 2005; Sims & LaFollette, 1975). The human relations domain reflects an internal focus on employee well-being and development and consists of the following seven climate dimensions: (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support (Patterson et al., 2005; Yu & Wu, 2009).

I determined that the dependent variable would be organizational citizenship behaviors. Organizational citizenship behaviors are discretionary behaviors that (a) extend beyond the duties, tasks, and responsibilities noted within job descriptions; (b) are not recognized or rewarded through a formal organizational rewards system; and (c) promote effective organizational functioning (Organ et al., 2006). I defined the five

specific forms of organizational citizenship behaviors examined in this study as selflessness (altruism), consideration of and providing assistance to others (courtesy), mindfulness (conscientiousness), absence of negative behavior during challenges (sportsmanship), and the degree to which employees represent and support the employer (civic virtue; Organ et al., 2006). Understanding this relationship between organizational climate and organizational citizenship behaviors is vital to ensure positive social change via the (a) enhancement of patient care, (b) the promotion of alignment between employee actions and organizational goals, (c) the engagement in effective strategic management of organization-wide change, and (d) in the improvement of overall societal health (Hess, 2013).

Research Questions and Hypotheses

Following are the research questions and their respective hypothesis statements that guided this study:

Research Question 1

RQ1: What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment?

H_0 : There is no influence of the dimensions of the human relations scale on the score for organizational citizenship behaviors among employees in a hospital environment.

H_A : There is an influence of the dimensions of the human relations scale on the score for organizational citizenship behaviors among employees in a hospital environment.

RQ1: Variables. The independent variable in RQ1 and its subsequent hypothesis statements is a continuous variable that was measured using the human relations domain, which is comprised of seven climate dimensions within Patterson et al.'s (2005) 84-item Organizational Climate Measure (OCM). Patterson et al. created the questionnaire I used based on Quinn and Rohrbaugh's (1983) competing values framework, which identifies values that act as a foundation for organizational climates (Yu & Wu, 2009). I measured organizational citizenship behaviors using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff, Mackenzie, Moorman, and Fetter (1990) originally constructed the questionnaire, and Argentero, Cortese, and Ferretti (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. I conducted a multiple linear regression (MLR) with the data gathered in order to answer RQ1.

Research Question 2

RQ2: What relationship exists, if any, in organizational citizenship behaviors between leaders and followers in a hospital environment?

H₀: There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers in a hospital environment.

H_A: There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers in a hospital environment.

RQ2: Variables. The independent variable in RQ2 and its subsequent hypothesis statements is a dichotomous variable. I classified hospital employees who formally oversee other employees as leaders. I classified hospital employees who do not manage other employees as followers. I measured the dependent variable, organizational citizenship behaviors, using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. (2005) evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. The data gathered in order to answer RQ2 was analyzed using an independent t test. I conducted an independent t test with the data gathered in order to answer RQ2.

Research Question 3

RQ3: What relationship exists, if any, in organizational citizenship behaviors between clinical and nonclinical employees in a hospital environment?

H_0 : There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees in a hospital environment.

H_A : There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees in a hospital environment.

RQ3: Variables. The independent variable in RQ3 and its subsequent hypothesis statements is a dichotomous variable. I classified hospital employees who reported that they provide direct clinical care as clinical employees. I classified hospital employees who reported that they do not provide direct clinical care as nonclinical employees. I measured the dependent variable, organizational citizenship behaviors, using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. (2005) evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. The data gathered in order to answer RQ2 was analyzed using an independent t test. I conducted an independent t test with the data gathered in order to answer RQ2.

Theoretical Foundation

Person–organization fit theory emphasizes the importance of the similarities and differences between the unique characteristics and goals of employees and those of the organizations for which they work (Chatman, 1989; Kristof-Brown, Zimmerman, & Johnson, 2005). The person–organization fit theory assesses the relationship between organizations and the individuals who work for them. Person characteristics include personality, values, goals, and attitudes. Organization characteristics include workplace culture, values, goals, and norms. Also important in the person–organization fit theory are the underlying, inherent characteristics of the demands and supplies of individuals within

organizations as well as the characteristics of the demands and supplies of organizations themselves. Demand-and-supply fit is achieved when the characteristics and resources supplied by employees meet the demands of organizations. Likewise, demand-and-supply fit occurs when organizational resources offered meet the demands of employees.

According to person–organization fit, open communication, leadership, integration, performance management, and training significantly influence employees’ experiences of an organization’s sustainability. Individuals who share organizational goals and values through communication, effective leadership, performance management, and training may be more likely to contribute to and commit to an organization’s strategic plan due to enhanced levels of job satisfaction fostered through the display of organizational citizenship behaviors (Chatman, 1989; Vilela, González, & Ferrín, 2008). Organizational citizenship behaviors, identified as altruism, courtesy, conscientiousness, sportsmanship, and civic virtue, consist of employee behaviors that extend beyond the requirements and specifications noted within a job description (Organ et al., 2006). More specifically, organizational citizenship behaviors are discretionary behaviors that (a) extend beyond the duties, tasks, and responsibilities noted within job descriptions; (b) are not recognized or rewarded through a formal organizational rewards system, and (c) promote the effective functioning of an organization (Organ et al., 2006). Enhancements in person–organization fit can foster the desire of individuals to make continual adjustments that increase alignment with organizational values and, subsequently, strategic plans, further solidifying organizational membership and fostering enhanced job performance. Likewise, enhancements in person–organization fit can foster the desire of

administrators and leaders within organizations to make adjustments that align more closely with the values of individual employees.

Nature of the Study

This quantitative study employed the use of a cross-sectional design. I collected the data to assess the independent variables for all three research questions. More specifically, the independent variable for RQ1 included self-reported perceptions of the organizational climate as measured by the human relations domain of the OCM. The human relations domain contains the following seven organizational climate dimensions: (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support (Patterson et al., 2005). The independent variable for RQ2 consisted of self-reported data describing the role that participants occupy within the hospital (i.e., leader or follower). The independent variable for RQ3 included self-reported data concerning the responsibilities held within the hospital (i.e., clinical or nonclinical). The dependent variable for all three research questions consisted of the following dimensions of the 24-item Organization Citizenship Questionnaire (OCB): *altruism*, *conscientiousness*, *sportsmanship*, *courtesy*, and *civic virtue* (Podsakoff et al., 1990). Podsakoff et al. originally constructed the OCB, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate.

Definitions

The following terms were important for this study and have been defined as follows:

Altruism: Refers to an organizational citizenship behavior and entails helping others with specific tasks or with organizationally relevant problems or issues (Podsakoff et al., 2000).

Autonomy: A dimension of the human relations domain that identifies a degree of independence in which employees operate with minimal external control (Gonzalez-Mulé, Courtright, DeGeest, Seong, & Hong, 2016; Langfred & Rockmann, 2016; Patterson et al., 2005).

Civic Virtue: An organizational citizenship behavior that involves constructive participation and engagement in the administrative and governance processes within organizations (Organ et al., 2006).

Clinical Employee: An employee who provides direct clinical care (Tsai & Wu, 2010).

Communication: Originally a dimension of the human relations domain that measures the extent to which employees engage in act of sharing information, constructing meaning, and creating relationships within and outside organizations (Men, 2014). The items comprising this dimension were eventually dispersed into other dimensions within the human relations domain.

Conscientiousness: An organizational citizenship behavior that entails compliance with necessary organizational constraints (Alfonso, Zenasni, Hodzic, & Ripoll, 2016).

Courtesy: An organizational citizenship behavior that encompasses preventative, collaborative employee efforts (Ozhahin & Sudak, 2015).

Effort: A dimension of the human relations domain that describes the attempt employees display towards the achievement of organizational goals (Bernstrøm, Lone, Bjørkli, Ulleberg, & Hoff, 2013).

Employee Welfare: A dimension of the human relations domain that describes an organization's level of concern and value for its employees (Patterson et al., 2005; Teti & Andriotto, 2013).

Follower: Individuals who support and are guided by others but do not manage other employees (Liborius, 2014; Pucic, 2015).

Healthcare Leadership: Individuals classified as hospital leaders who lead, manage, and occupy leadership roles, such as assistant director, department administrator, department chair, director, nurse director, and senior manager, as well as all caregivers who have any direct or indirect interaction with patients (Ford, 2015).

Human Relations Domain: An element of the competing values framework that emphasizes employee well-being, development, and commitment (Patterson et al., 2005).

Integration: A dimension of the human relations domain that addresses the level of cooperation and trust between departments within an organization (Patterson et al., 2005).

Involvement: A dimension of the human relations domain that addresses the extent to which employees have the ability to influence how they complete assigned work tasks (Inanc, Zhou, Gallie, Felstead, & Green, 2015; Patterson et al., 2005).

Nonclinical Employee: An employee who does not provide direct patient care (Canaday & Hamner, 2008).

Organizational Citizenship Behaviors: The overarching dependent variable in this study, which is defined as discretionary behaviors (a) that extend beyond the duties, tasks, and responsibilities noted within job descriptions; (b) that are not recognized or rewarded through a formal organizational rewards system; and (c) that promote effective organizational functioning (Organ et al., 2006).

Organizational Climate: The overarching independent variable in this study, which is defined as employee's perceptions of the dimensions of a work environment that employees are exposed to that influence the behavior of individuals who work in that environment (Patterson et al., 2005; Sims & LaFollette, 1975).

Sportsmanship: An organizational citizenship behavior defined as the ability of employees to tolerate unavoidable negative occurrences and hardships at work with minimal, if any, protest or complaint (Zhang, 2014).

Supervisory Support: A dimension of the human relations domain that identifies the extent to which supervisors are concerned about the needs of their employees (Patterson et al., 2005; Tang & Tsaur, 2016).

Training: A dimension of the human relations domain that evaluates an organization's focus on developing and enhancing the knowledge, skills, and abilities of its employees (Patterson et al., 2005; Waddoups, 2016).

Assumptions

According to Lunenburg and Irby (2008), assumptions are “postulates, premises, and propositions that are accepted as operational for purposes of the research” (p. 135). In other words, assumptions are elements of the study believed to be true, without proof. I identified three primary assumptions. First, I assumed that employees who participated in the study provided honest and candid self-reported questionnaire responses. Second, I assumed that the efforts taken were legitimate for both instruments selected to measure both organizational climate and organizational citizenship behaviors. Third, I assumed that foundation knowledge, skills, and abilities vary based on the position that employees hold within the hospital. Therefore, I assumed that participants possessed the required knowledge, skills, and abilities to effectively and efficiently perform their job responsibilities.

Scope and Delimitations

The scope and delimitations of the research study identify the boundaries of the research study imposed by the researcher. This study included three elements addressing both scope and delimitations. To understand how organizational climate factors influence organizational citizenship behaviors within hospitals in the United States, the population for this study consisted of hospital employees within the United States. I identified the population boundary as the first element defining the scope and delimitations. Participants of this study possessed a variety of job titles and were employed in a variety of hospital departments. Participants also were employed within a variety of different hospitals throughout the industry and across the United States, as opposed to one facility.

This dispersion allowed me to holistically assess the experiences of hospital employees throughout the labor pool (Patterson et al., 2005).

I excluded participants from the study for two reasons. First, I excluded employees who had worked fewer than 6 months in their current employment setting. This is because employees who have worked fewer than 6 months at their current place of employment may not have had the exposure necessary fully to assess the organizational climate, nor may they have been provided the opportunity to engage regularly in organizational citizenship behaviors. Secondly, I excluded participants who did not graduate with either a 2- or 4-year clinical or nonclinical degree. Many of the individuals who work in a hospital require specialized curriculum unique to the healthcare industry to provide either direct or indirect patient care. This specialized curriculum unique to the healthcare industry provided by the educational institution from which they graduated offers a foundation of knowledge, skills, and abilities for employees to utilize in day-to-day activities. Individuals who did not graduate from either a 2- or 4-year healthcare degree would not have the opportunity to learn the unique curriculum offered.

The second element defining the scope and delimitations of the study entailed the use of only one of the four domains identified in the OCM (Patterson et al., 2005). The OCM questionnaire, founded on Quinn and Rohrbaugh's (1983) competing values framework, identifies variables of organizational effectiveness that act as a foundation for organizational climates (Yu & Wu, 2009). The competing values framework consists of four domains: (a) human relations (employee well-being and development), (b) internal

process (resource use), (c) open systems (adaptation to the environment), and (d) rational goal (goals and productivity; Patterson et al., 2005). I selected only one of these four domains, human relations, for use in this study for three reasons. The first reason I selected only one domain is that the research questions for this study do not address the focus of the other three domains (internal process, rational goal, and open systems). For example, while the internal process domain has an internal focus, it also emphasizes formalization and process control to ensure efficient use of resources, which is often seen within a manufacturing environment but does not, however, align with the inherent uniqueness of patient care (Patterson et al., 2005). Likewise, the rational goal and open systems domains have an external focus, rather than an internal employee focus (Patterson et al., 2005), and as a result, I excluded them.

The second reason that I selected only the human relations domain relates to consideration of the participants and the dependent variable. For example, depending on the department in which participants work and the roles and responsibilities they hold, information assessed in the eliminated three domains may be not available to them. Likewise, they may not have sufficient exposure to information about the ability of the organization to adapt to the external environment or of formalization processes within the organization (information solicited on the OCM).

The third reason I selected only the human relations domain is that Patterson et al. (2005) have encouraged researchers to make broad use of the OCM. These researchers have confirmed that it is acceptable to use the identified domains within the OCM via the

elimination of all, two, or three domains in order to address unique research questions identified by researchers.

The third element defining the scope and delimitations of this study entailed the theoretical framework selected. The theoretical framework identified for this study was designed to assess the relationship between organizational climate and organizational citizenship behaviors. It consisted of person–organization. This theory addresses both the environment and the person/employee. Excluded from my research study was Blau’s (1964) social exchange theory. Social exchange theory offers insight into relationships via the perspective of participation balance; cost–benefit analysis; comparison of alternatives; and the possibility of having a better, more engaging relationship with someone else. However, I did not select social exchange theory for this study because it fails to focus on the environment (Elstad, Christophersen, & Turmo, 2011).

Limitations

Limitations in a research study consist of factors within a study that the researcher is unable to control. This study was subject to two limitations. The first limitation of this study was related to the cross-sectional design. Researchers employing a cross-sectional design collect data from participants at one point in time, as opposed to a longitudinal study design in which data are collected at regular intervals during a longer period. A benefit of the cross-sectional design is that it permits the researcher to collect data on many variables very quickly with little or no extra cost. Considering that the healthcare industry exists in a perpetual state of rapid change (Shell & Kuntz, 2013), data collected regarding organizational climate and organizational citizenship behaviors dimensions

during one data-collection event may quickly become obsolete. As a result, the use of obsolete data by hospital administrators may influence the application of the results of the research study; in addition, the use of obsolete data by hospital administrators may also influence both strategic competitiveness and sustainability.

The second limitation of this study was the subjectivity of the participants' responses, also referred to as *response bias*. Participants self-reported their perceptions of their organizational climate as well as the perceptions of their own organizational citizenship behavior. According to Ward, Gruppen, and Regehr (2002), concerns of validity, reliability, and legitimacy are inherent within acts of self-assessment. The self-reporting process was a limitation because participants may have inaccurately reported perceptions of their organizational climate or extra-role behaviors, also referred to as *organizational citizenship behaviors*.

During the execution of the study, additional limitations surfaced. These additional limitations are discussed in detail in the final chapter.

Significance of the Study

Understanding organizational climate dimensions and their relationship to organizational citizenship behaviors is beneficial in a number of areas. More specifically, understanding organizational climate dimensions and their relationship to organizational citizenship behaviors has the potential to (a) advance knowledge in the discipline and theory, (b) advance knowledge in practice, and (c) promote positive social change. Understanding this relationship between organizational climate and organizational citizenship behaviors is vital to ensure positive social change via the (a) enhancement of

patient care, (b) promotion of alignment between employee actions and organizational goals, (c) engagement in effective strategic management of organization-wide change, and (d) improvement of overall societal health (Hess, 2013).

Significance to Theory

Person–organization fit theory, the theoretical framework selected for this research, emphasizes the importance of the similarities and differences between the unique characteristics and goals of employees and those of the organizations for which they work (Chatman, 1989; Kristof-Brown et al., 2005). Understanding the potential influence that organizational climate factors may have on organizational citizenship behaviors has the potential to improve appropriate person–organization fit. When person–organization fit is balanced and complementary, this enhances both organizational and employee performance as well as reduces resistance to change (Castka, Bamber, Sharp, & Belohoubek, 2001).

Understanding organizational climate dimensions and their relationship to organizational citizenship behaviors has the potential to extend and expand the way organizational climate dimensions and their relationship to organizational citizenship behaviors are studied. Patterson et al. (2005) encouraged the individual use of one, two, three, or four organizational climate quadrants (i.e., human relations, internal process, open systems, and rational goal) as a way of advancing future research. This provides flexibility in the data collection process and at the same time maintains the validity of the instrument. In addition, because individual scales can be administered independently, the number of items on the questionnaire can be reduced substantially. This research method,

which employs the use of only the human relations quadrant, promotes flexibility and encourages an increased participant response rate.

Significance to Practice

Understanding organizational climate dimensions and their relationship to organizational citizenship behaviors has the potential to promote engagement within organizations. It provides opportunities to promote stability in an unstable environment while enhancing the alignment between leaders' effort and the strategic goals of the organizations for which they work to promote and engage in change (Leskiw & Singh, 2007; Li, Chiaburu, & Kirkman, 2017; Shahin et al., 2014; Sutarjo, 2011). Understanding the relationship between organizational climate dimensions and organizational citizenship behavior may also provide additional insight for healthcare organizations concerning the best use of resources (Patterson et al., 2005). Finally, the results of this study provided essential information concerning ways to enhance engagement, increase employee satisfaction, secure reimbursement from insurance payers, and improve change management.

Significance to Social Change

Understanding this relationship between organizational climate and organizational citizenship behaviors is vital to ensure positive social change via the (a) enhancement of patient care, (b) promotion of alignment between employee actions and organizational goals, (c) engagement in effective strategic management of organization-wide change, and (d) improvement of overall societal health (Hess, 2013). First, enhancements in quality of patient care can result from organizations that encourage organizational

citizenship behaviors. Second, positive social change can also occur at an individual level with respect to employees' work in a hospital setting. Individual hospital employees, regardless of their role, have the opportunity to act in ways that are aligned with the goals of the hospital while also working together. Aggregated displays of extra-role behaviors (i.e., organizational citizenship behaviors) throughout organizations have led to enhanced organizational effectiveness as a result of improved coworker and managerial productivity, efficient use of resources, coordination of activities, collaboration among employees, employee retention, employee stability, and employee adaptability (Organ et al., 2006; Podsakoff et al., 2000). Third, all healthcare workers, despite their role (i.e., manager/follower, clinical/nonclinical; Canaday & Hamner, 2008), both influence and are influenced by workforce shortages (Paquet, Courcy, Lavoie-Tremblay, Gagnon, & Maillet, 2012), continually rising costs (Hess, 2013), new government legislation (such as the Patient Protection and Affordable Care Act), and frequent change initiatives (Schell & Kuntz, 2013). Examining the relationship between organizational climate dimensions and organizational citizenship behaviors presents an opportunity for organizations strategically to lead and manage productive change within the healthcare industry. Fourth, implications for positive social change exist at a societal level. The healthcare system consists of a complex network of interdependencies and interrelationships. Changes implemented in one area of the healthcare system influence other areas within the system either directly or indirectly. The healthcare industry has experienced a considerable degree of rapid change. Examples of these changes include, but are not limited to, an influx of newly insured individuals as a result of the Affordable Care Act,

an emphasis on disease prevention and health promotion, technology dependency, and the transition from fee-for-service reimbursement by third-party payers to an incentive payment model (Schell & Kuntz, 2013).

Summary and Transition

The healthcare industry has continued to experience a significant amount of change. In order to ensure that employees possess the capacity to facilitate change effectively, it remains essential for employees to engage in activities and display positive behaviors that extend beyond those that are noted in formal job descriptions (Ozsahin & Sudak, 2015; Turnipseed & Vandewaa, 2012). Oftentimes organizations have attempted to create an environment that promotes a positive organizational climate; however, the return on investment in these efforts has remained elusive (Butcher, 2015; Leskiw & Singh, 2007; McAlearney, 2006; Patterson et al., 2005).

The purpose of this cross-sectional quantitative study was to examine the possible relationships between organizational climate factors and organizational citizenship behaviors of employees at hospitals within the United States. I identified three research questions to determine (a) what influence, if any, organizational climate dimensions that emphasize human relations have on organizational citizenship behaviors of employees in a hospital environment; (b) whether there is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers; and (c) whether there is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees.

Both instruments selected have been evaluated by Argentero et al. (2008) and Patterson et al. (2005) and have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. I measured the independent variable, organizational climate factors, using one of the four quadrants (human relations) of the 84-item OCM. Quinn and Rohrbaugh's (1983) competing values framework provided the foundation for the questionnaire, which identifies values that act as a foundation for organizational climates (Yu & Wu, 2009). I used the Organizational Citizenship Behavior Questionnaire, originally constructed by Podsakoff et al. (1990) and later transformed for employee self-reporting by Argentero et al., which provided hospital employees in this study with the opportunity to self-report organizational citizenship behaviors. Data analysis consisted of multiple linear regression and independent *t* tests. The relationship between these variables was assessed via a theoretical framework consisting of person–organization fit theory.

Understanding the potential influence that organizational climate factors may have on organizational citizenship behaviors has the potential to increase appropriate person–organization fit. Second, this investigation permitted further understanding concerning employee socialization and engagement in organizational culture as well as effective allocation of training resources. The results of this study identified the potential for improvements in the quality of patient care, enhanced patient satisfaction, and increased reimbursement from third-party payers (Fibuch & Ahmed, 2015; Granatino et al., 2013; Hess, 2013; Patterson et al., 2005; Schell & Kuntz, 2013).

Chapter 2 includes comprehensive review of the empirical research that has been conducted on organizational climate factors and organizational citizenship behaviors within the healthcare industry. Specifically, Chapter 2 includes an overview of the theoretical foundation of the study as well as prior methods and strategies used to examine this topic. I also address the empirical results of prior research studies that have been conducted on organizational citizenship behavior. The final section of Chapter 2 includes the concept of organizational climate. The main sections that comprise Chapter 3 include the research design and rationale. Chapter 4 includes a comprehensive review of the data and the results of the analysis of organizational climate factors and organizational citizenship behaviors within the healthcare industry. Last, Chapter 5 includes a comprehensive interpretation of the findings and the limitations of the study.

Chapter 2: Literature Review

Despite research studies indicating that enhanced organizational effectiveness is related to organizational citizenship behaviors, the factors that influence and promote the display of organizational citizenship behaviors have not been clearly identified or understood, especially within the healthcare industry (Dekas et al., 2013). The purpose of this cross-sectional quantitative study was to examine the possible relationships between organizational climate factors and organizational citizenship behaviors of employees at hospitals within the United States.

According to Hess (2013), a current diagnosis of the healthcare industry in the United States has suggested that the system is ill. Attempting to maintain quality patient care and maintain patient safety within a system riddled with medication errors and extended, unnecessarily lengthy inpatient stays have been problematic issues within an ailing healthcare industry (Paquet, Courcy, Lavoie-Tremblay, Gagnon, & Maillet, 2012). Evidence has continued to mount that suggests an increasing number of negative patient outcomes with respect to the organizational environments in which healthcare employees work, not only within the United States but also in other countries as well (Roch, Dubois, & Clarke, 2014). All healthcare workers, despite their role (i.e., leader/follower, clinical/nonclinical; Canaday & Hamner, 2008) both influence and are influenced by workforce shortages (Paquet et al., 2012), continually rising costs (Hess, 2013), new government legislation such as the Patient Protection and Affordable Care Act, and frequent change initiatives (Schell & Kuntz, 2013). Exploring the relationship between organizational climate dimensions and organizational citizenship behaviors presents an

opportunity for organizations strategically to lead and manage productive change within the healthcare industry. Leaders have the opportunity to address challenges within a complex, changing healthcare environment by understanding and aligning the organizational climate in ways that promote extra-role behaviors of their employees. Understanding the relationship between organizational climate and organizational citizenship behaviors is vital in order for the healthcare industry to maintain quality patient care. In addition, an understanding of the relationship between these two variables can improve overall societal health and well-being.

This chapter is divided into five primary sections. In the first section, I describe the literature search strategy. The second section, theoretical foundation, describes the theoretical foundation of the study. In this second section, I explain the theoretical foundation of the study using the following subsections: satisfaction, engagement and motivation, organizational citizenship behaviors, and person–organization fit model. The third section, in which I address organizational citizenship behaviors, consists of the following subsections identified as organizational citizenship behaviors and antecedents and outcomes of organizational citizenship behaviors. In the fourth section, I summarize and synthesize the findings of research articles focused on organizational climate. This section consists of the following subsections: welfare, autonomy, involvement, effort, training, integration, and supervisory support. In the final section, I describe prior methods and strategies that previous researchers have used to examine these topics.

Literature Search Strategy

When gathering information to construct the literature review chapter, I used the following library research databases and search engines via the Walden University library: Business Source Complete, ABI/INFORM Collection, PsychINFO, and ERIC. I used the following search terms to locate research articles: *social exchange theory*, *leader–member exchange theory*, *person–environment fit theory*, and *person–organization fit theory*. More specifically, I used the following additional search terms to locate research articles on organizational citizenship behaviors and organizational climate: *organizational citizenship behaviors*, *antecedents of organizational citizenship behavior*, *organizational citizenship behavior and roles*, *organizational citizenship behavior and emotional intelligence*, *organizational citizenship behavior and leadership*, *organizational citizenship behavior and organizational climate*, *organizational climate and employee welfare*, *employee welfare*, *employee participation*, *organizational climate and training*, *cooperation*, *trust*, and *supervisory support*. The publishing date of research articles I used in this literature review ranged from 1975 to 2016; however, I included important information from one seminal research source that was published in 1939. The majority of information I included in this literature review is from research reports published in scholarly peer-reviewed journals and seminal work.

Theoretical Foundation

I considered several theories as a theoretical foundation for this project, such as social exchange theory (Blau, 1964) and leader–member exchange theory (Dansereau, Graen, & Haga, 1975). Social exchange theory addresses the voluntary exchange that

occurs within organizations and the sense of obligation to reciprocate (Blau, 1964). According to leader–member exchange theory, if a leader’s behavior impacts the behavior of subordinates, and if the behavior of subordinates varies from individual to individual, that leader will engage in varying behaviors with subordinates and expect either the minimum output (i.e., responsibilities noted within the job description) or job responsibilities and activity beyond what is noted in the job description (i.e., organizational citizenship behaviors; Dansereau et al., 1975). These theories are important but ultimately fail to align completely with the purpose of the study, which was to determine whether dimensions within the human relations domain of organizational climate predict organizational citizenship behaviors (Patterson et al., 2005). Social exchange theory fails to align with this study due to its primary focus on the sense of obligation of exchange such as receiving and giving. Likewise, leader–member exchange theory fails also to align with the study due to its emphasis primarily on the relationships between leaders and subordinates.

Even though other theoretical frameworks could be applied in this study, person–organization fit provides the most appropriate theoretical lens through which to examine the relationship between organizational climate and organizational citizenship behaviors. The theory of person–organization fit grew out of Lewin’s (1939) field theory, also referred to as person–organization fit. According to Lewin’s field theory, employee behavior is influenced both by employees as well as the organizational environment in which they work. Individual employees have extensive and continuing effects on organizational situations (Kohn & Schooler, 1982). When employees perceive a positive

person–organization fit, positive behavior results. For example, when a perceived positive person–environment fit exists between an individual and his or her job, organization, group, and supervisor, employee engagement occurs (Kristof-Brown et al., 2005).

Person–organization fit emphasizes the importance of the similarities and differences between the unique characteristics and goals of employees and those of the organizations for which they work (Chatman, 1989; Kristof-Brown et al., 2005). The fit between the organization and the person is typically not fully assessed during the employee interview process, although understanding the person–organization fit beyond the basic assessment of candidates' knowledge, skills, and abilities is essential (Sutarjo, 2011). It would also be beneficial for organizations to provide detailed information to potential candidates about training, responsibilities, values of the organization, policies, and organizational culture to allow for candidates to assess the person–organization fit (Sutarjo, 2011).

According to McAlearney (2006) and Schell and Kuntz (2013), the effects of positive person–environment fit are manifested through employee leadership. These leadership effects are widespread throughout organizations and serve as catalysts that transform strategic intent into reality. Contiguity between the personal characteristics of employees and the environmental characteristics of organizations has the potential to encourage positive behavior in the form of (a) increased involvement in work tasks, (b) increased contributions toward the goals of organizations, and (c) increased displays of organizational citizenship behaviors that contribute to organizational success (Ünal &

Turgut, 2015). Focusing on organizational environments and employees by providing an organizational climate that promotes organizational citizenship behaviors has the potential for widespread positive organizational and societal benefits. This focus also has the potential to promote the values and strategic goals of organizations in ways that enhance the likelihood that employees voluntarily seek those values and strategic goals (Albrecht, 2012; Leskiw & Singh, 2007).

One reason that person–organization fit theory was the most appropriate for this study is because primarily, it is essential to understanding both individual factors and organizational factors that influence individuals to predict organizational behavior (Chatman, 1989). A second reason this theory was the most appropriate is because organizational fit influences organizational outcomes (Kristof-Brown et al., 2005). A third reason this theory was the most appropriate is because the healthcare industry is in a continual state of change. Organizations that operate within a dynamic industry, such as the healthcare industry, require individual employees and employee teams to be able to fit with the organization and the organization to fit with the employees, especially during times when change initiatives are implemented. When person–organization fit is present, this enhances both organizational and employee performance as well as reduces resistance to change (Castka et al. 2001).

Job Satisfaction

Researchers have examined person–organization fit in conjunction with job satisfaction. According to Netemeyer and Boles (1997), the fit between employees and the organizations for which they work can be used as a predictor for job satisfaction.

Kristof-Brown et al. (2005) also found that there is a correlation between (a) person–organization fit and job satisfaction, (b) between person–organization fit and organizational commitment, and (c) between person–organization fit and the intention to quit. In addition, job satisfaction mediates the relationship between person–organization fit and organizational citizenship behaviors (Vilela et al., 2008). Satisfaction can also be assessed from an organizational, coworker, and supervisor perspective. According to Kristof-Brown et al., a strong correlation exists between person–organization fit and organizational satisfaction, and a moderate relationship exists between person–organization fit and coworker satisfaction and between person–organization fit and employees’ satisfaction with their supervisor.

Employee Engagement and Motivation

Person–organization fit also affects organizational engagement, the energy displayed towards the well-being of the organization, and work engagement (Ünal & Turgut, 2015). Work engagement can be described as a state of mind displayed at work that reflects involvement in one’s work as well as levels of energy available to complete work projects (Ünal & Turgut, 2015). The primary customer serviced in a hospital is the patient. Focusing on the patient via engaged employees promotes overall societal health. In addition to person–organization behavior being impacted by engagement, person–organization fit also mediates the relationship among public-service motivation (i.e., the attitude that employees possess to engage in behaviors that benefit society), and organizational citizenship behaviors (Gould-Williams, Mohammed Sayed Mostafa, & Bottomley, 2015).

Organizational Citizenship Behaviors

A significant amount of research also exists that assesses the relationship between person–organization fit and organizational citizenship behaviors. According to Farzaneh, Dehghanpour Farashah, and Kazemi (2014), perceived fit is correlated positively with extra-role behaviors. Likewise, Teimouri Dezhtaherian and Jenab (2015) also found a significant strong relationship between person–organization fit and organizational citizenship behaviors and that person–organization fit acts as a good predictor of organizational citizenship behaviors both for managers and staff members.

Organizational citizenship behaviors can be either directed towards the organization, such as with civic virtue, or directed towards individuals, such as with conscientiousness.

Gould-Williams et al. (2015) found that person–organization fit exerts a strong influence on organizational citizenship behaviors directed towards the organization, more so than organizational citizenship behaviors directed towards individuals.

Perhaps Cha, Chang, and Kim (2014) conducted the most pertinent research study on person–organization fit. These researchers examined the relationship between person–organization fit and prosocial identity. Prosocial identity refers to a complex construct that includes behaviors such as providing assistance, helping, and being empathetic. This definition is applicable on an individual level (such as participating in organizational social responsibility programs and interpreting personal actions as caring) as well as on an organizational level. If an organization is perceived as prosocial, employees are more likely to display pride in working for that organization, experience increased self-esteem, and experience enhanced motivation.

Cha et al. (2014) hypothesized that “organizational identification will increase as personal prosocial identity increases toward organizational prosocial identity and will decrease as personal prosocial identity exceeds organizational prosocial identity” (p. 60). These researchers also hypothesized that “organizational citizenship and caring behavior will decrease as personal prosocial identity increases toward organizational prosocial identity and will increase as personal prosocial identity exceeds organizational prosocial identity” (p. 61).

In Cha et al.’s (2014) study, the sample consisted of hospital doctors ($n = 490$), nurses ($n = 669$), and staff members ($n = 231$) from 104 hospitals in Korea. The researchers administered four scales measuring personal prosocial identity, organizational identification, organizational citizenship behavior, and caring behavior. Control variables included age, tenure, level of education, and job type. The researchers used polynomial regression to “explore the relationship between PO fit on prosocial identity and employee outcomes” (p. 63) and confirmatory factor analysis to measure discriminant validity of each variable. The results indicated that “organizational prosocial identity is positively related to organizational identification, OCB... and caring behavior” (p. 63). The results also indicated that both fit and misfit between organizational and personal prosocial identities affect employees’ perceived organizational identification and prosocial behaviors. Cha et al. also discovered that both fit and misfit between personal and organizational prosocial identity significantly influence employee outcomes: “Specifically, we found that as the degree of fit between personal and organizational prosocial identities increased from low to high, organizational identification, OCB, and

patient caring behavior increased” (p. 66). They further noted that “these results suggest that employees with low personal prosocial identity working in a highly prosocial organization may be motivated to reciprocate the caring activities of their hospital by taking action that is conducive to other coworkers and patients” (p. 66). Ultimately, Cha et al.’s study confirmed that employees act as active agents who engage in organizational prosocial activities and that the fit between personal prosocial identity and organizational prosocial identity can result in both positive outcomes if alignment exists as well as negative outcomes if it does not.

Person–Organization Fit Model

Individuals often enter the healthcare industry with noble intentions but lack the skills and temperament required for this type of work. These individuals often self-select out of the field relatively quickly. As a result, most individuals who enter and remain in the healthcare field do so because they find it a good fit. However, models used to understand the relationship between individuals and organizations (i.e., the person–organization fit model) have not always been so easily established or maintained. Chatman (1989) conducted the most pertinent research study concerning the way that person–organization fit should be modeled. Chatman constructed an interactional model and suggested conceptualizing person–organization fit based on a Q-sort method, which is both nomothetic and idiographic. Chatman suggested that person–organization fit is best defined as “the congruence between the norms and values of organizations and the values of persons” (p. 339).

To assess person–organization fit, according to the model, Chatman (1989) has suggested using the Organizational Cultural Profile (OCP), which consists of 54 value statements that “generally capture individual and organizational norms and values” (p. 341). After gathering Q-sort data based on these value statements from “job seekers,” “new firm members,” and experienced firm members, Chatman has suggested calculating the correlation between the organizational profile and the individual profile. According to Chatman, “A strong organizational value system [i.e., “crystallized”] would be indicated by a high reliability coefficient (e.g., above .70, according to Nunnally, 1967)” (p. 341). Ultimately, to determine person–organization fit, this crystallized organizational profile is compared to an individual profile by calculating a correlation coefficient. If the correlation coefficient is high, it can be concluded that there is a fit between the organization and the individual.

According to Chatman (1989), this model permits a variety of different opportunities to assess personal values and organizational values across time as well as person–organization fit across time. Benefits from using this Q-sort method to measure person–organization fit include the ability to predict person–organization fit during the hiring process, more efficient use of resources inherent in the hiring process, enhancements in organizational citizenship behavior through synergy created by shared employee values, more accurate assessment of the influence an organization may be exerting on employees, and positive outcomes that occur as a result of changes in employees within an organization.

Literature Review

The following sections present the results of research studies that have been conducted on topics related to organizational citizenship behaviors and organizational climate.

Organizational Citizenship Behaviors

Researchers have indicated in past research that the construct of organizational citizenship behavior has yet to be clearly defined. There has been no agreement about the dimensions that should be considered when assessing this construct (Podsakoff et al., 2000). In fact, the dimensions that have been used to measure organizational citizenship behavior may not be appropriate and actually may be detrimental considering the unique responsibilities workers now experience in the 21st century (Dekas et al., 2013) as well as the global environment within which businesses regularly operate (Lo & Ramayah, 2009). For example, even though some instruments do exist, researcher have indicated that there is currently no comprehensive accepted scale used to measure organizational citizenship behaviors (Vandewaa et al., 2016). In addition to scales that demonstrate low reliability, the instruments that traditionally have been used to measure organizational citizenship behavior do not appear to measure what they intend to measure (Sims & LaFollette, 1975).

Antecedents and Outcomes of Organizational Citizenship Behaviors

Researchers have generated a significant amount of research concerning what could be considered the antecedents and outcomes of organizational citizenship behaviors. Organizational citizenship behaviors (also referred to as “extra-role behaviors)

are difficult to require from employees because these types of behaviors are voluntary in nature (Koning & Van Kleef, 2015). However, understanding the potential antecedents of organizational citizenship behaviors provides an opportunity for employers to develop an environment that promotes organizational citizenship behaviors and ultimately organizational effectiveness (Podsakoff et al., 2000). Podsakoff et al. (2000) determined that four primary categories of antecedents exist: (a) individual or employee characteristics, (b) task characteristics, (c) organizational characteristics, and (d) leadership behaviors.

Individual characteristics. A significant amount of research has been conducted exploring individual or employee characteristics in conjunction with organizational citizenship behaviors. Podsakoff et al. (2000) suggested that individual/employee characteristics can be antecedents of organizational citizenship behaviors. These characteristics include demographic variables, employee abilities, dispositional variables, employee role perceptions, and employee attitudes. Nimran (2011) identified a relationship between individual characteristics and extra-role behaviors (i.e., organizational citizenship behavior). However, in contrast, Podsakoff et al. found that there was no relationship between demographic variables and organizational citizenship behaviors.

Gender. Researchers have reported conflicting results concerning whether gender is an antecedent of organizational citizenship behavior. According to Ng, Lam, and Feldman (2016), gender is not related to displays of extra-role behaviors. In contrast, however, Bahrami, Montazeralfaraj, Gazar, and Tafti (2013) reported that gender can

influence organizational citizenship behaviors. In their study, males reported that they engaged more frequently in extra-role behaviors not formally recognized in the job description than did females. More specifically, men more so than women were more likely to engage in sportsmanship behaviors (Zhang, 2014).

Age. Researchers have investigated age in conjunction with organizational citizenship behaviors. According to Kegans, McCamey, and Hammond (2012), age does not predict the display of organizational citizenship behaviors. Likewise, Bahrami et al. (2013) reported no significant correlation between age and organizational citizenship behaviors. In contrast, Nimran (2011) reported that organizational citizenship behaviors do correlate with age. According to Nimran, the older the individual, the more elevated the organizational citizenship behavior score.

Salary and years of work experience. Researchers have examined the role of salary as an antecedent to organizational citizenship behaviors as well as the relationship between the length of time in which employees remain at a place of employment or within an industry and organizational citizenship behaviors. According to Mayfield (2013), salary and organizational citizenship behaviors are not correlated, although Mayfield did report that the number of years of experience is positively correlated with organizational citizenship behaviors. More specifically, the organizational citizenship behaviors that demonstrate *civic virtue* (i.e., participation in the political life of an organization by voluntarily attending meetings and remaining aware of information about the well-being of the organization) are correlated with the number of years of work experience (Kegans et al., 2012).

Professional development. Another individual characteristic that has been studied in relationship to organizational citizenship behaviors is an employee's professional development. Bahrami et al. (2013) concluded in their research studies that there is no relationship between education and organizational citizenship behaviors. However, Demirkiran, Taskaya, and Dinc (2016) concluded via research that organizational citizenship behaviors of employees working in the healthcare industry can be developed through training and leadership support. Considering that extra-role behaviors are, by definition, not included in job descriptions, training and professional development can provide opportunities to promote the display of organizational citizenship behaviors. In this way, training and professional development become part of the roles and responsibilities of employees, even though they are not a part of the official job description (Jiao, Richards, & Hackett, 2013).

Researchers also have indicated that in order to promote change-oriented organizational citizenship behaviors (i.e., extra efforts displayed by individuals to move the change process forward and ensure organizational sustainability), it is more effective to engage in follower professional development rather than to consider the needs to followers' needs during the decision-making process (López-Domínguez, Enache, Sallan, & Simo, 2013).

Morale and values. Outcomes from research studies have indicated that a relationship exists between intrinsic individual elements, such as morale and values, and organizational citizenship behaviors. According to Podsakoff et al. (2000), morale appears to be a determinant of organizational citizenship behaviors. In addition, the

extent of compatibility between employees and organizational values also influences organizational citizenship behaviors (Gould-Williams et al., 2015). Furthermore, Ünal and Turgut (2015) stated that the compatibility between employee values and organizational values may promote elevated levels of employee energy, involvement at work, a willingness to use knowledge to achieve organizational goals, and displays of extra-role behaviors.

Roles. Researchers have conducted studies exploring a variety of issues concerning employee roles in conjunction with organizational citizenship behavior. Employees' perceptions of roles appear to be related to some organizational citizenship behaviors (Podsakoff et al., 2000). Jiao et al. (2013) reported that narrow work roles can be counterproductive both to employees as well as organizations. Culture may also have an impact on employee roles. Jiao et al. further noted that employees whose culture supports high power distance (i.e., collectivism), will naturally possess broader roles that include organizational citizenship behaviors. More specifically, data collected from hospital employees indicated that a relationship exists between role (i.e., medical, paramedical, and administrative) and organizational citizenship behaviors (Bahrami et al., 2013). Bahrami et al. further specified that the most favorable organizational citizenship behaviors identified from the roles held in hospitals are exhibited most frequently among administrative roles, followed by paramedical roles and finally medical roles.

Perception of justice. Researchers have reported on the significance of justice within organizations. According to Singh and Srivastava (2016), procedural justice is related to formal procedures and also influences trust toward organizations. Demirkiran et

al. (2016) confirmed that organizational justice influences organizational citizenship behaviors. Employees who feel as if they are treated fairly via procedural justice are more likely to engage in organizational citizenship behaviors (Tremblay & Landreville, 2015), which supports the need to maintain a positive work environment that is likely to result in favorable organizational outcomes (Sun, Chow, Chiu, & Pan, 2013). In order to further promote displays of organizational citizenship behaviors among employees, healthcare administrators should focus on fairness of procedures as well as open communication that includes employees during the decision-making processes (Demirkiran et al., 2016).

Relationships. Relationships, either informal or formal, within organizations influence organizations and their employees. Informal relationships with colleagues provide opportunities for employees to learn from one another while also promoting tolerance and respect of differences (Pooja, De Clercq, & Belausteguigoitia, 2016). According to Dekas et al. (2013), organizations can use social interactions to promote the creation of new ways of thinking, new ideas, and new knowledge. The positive energy and interests of group members, along with supervisory support, can further promote extra-role behaviors of service employees towards their customers, or, in the case of the healthcare industry, patients (Tang & Tsaur, 2016). From an overarching organizational perspective, organizational citizenship behaviors promote the development and maintenance of relationships that enhance organizational performance (Shanker, 2012).

Emotions. Researchers have indicated that employees' emotions influence other employees and ultimately the organization as a whole. Positive affectivity is related to the organizational citizenship behavior identified as altruism, a selfless concern for others

(Podsakoff et al., 2000). According to Lloyd, Boer, Keller, and Voelpel (2015), emotions and moods that are negative exert a mediating influence on psychological stress, whereas emotions and moods that are positive exert a mediating effect on organizational citizenship behaviors. To enhance emotional attachments to an organization, employers should provide employees with varied tasks, empower and encourage them, and provide them with opportunities for career development (Mohamed & Anisa, 2012).

Tasks and Roles. Several research studies have been conducted exploring the importance of the quality and quantity of products and services produced, time on task, and roles held in relation to organizational citizenship behaviors. According to Podsakoff, Ahearne, and MacKenzie (1997) there is a relationship between organizational citizenship behaviors and group performance, although the relationship is stronger between organizational citizenship behaviors and quantity produced in comparison to quality produced. Furthermore, behaviors that help others and the organizational citizenship behavior identified as “sportsmanship” is positively related to the amount of work a team produces (Podsakoff et al., 1997).

Podsakoff et al. (2000) reported that a relationship exists between organizational citizenship behaviors and three variables: task feedback, task routinization, and tasks that are satisfying. Employees who display elevated levels of time dedicated to organizational citizenship behaviors believe that employers should provide additional support due to a psychological contract (i.e., the promise of future return has been established based on the display of organizational citizenship behaviors; Brown & Roloff, 2015). According to López-Domínguez et al. (2013), the level of confidence that employees possess in

making recommendations for improvements influences the relationship between leadership in which employee development is emphasized and organizational citizenship behaviors that promote change. Hence, the extra efforts displayed by employees that align with policies and procedures can enhance overall organizational performance.

Organizational Characteristics. According to researchers, organizational characteristics, such as organizational structure, can influence organizational citizenship behaviors. According to Narzary and Palo (2015), the legitimacy of the structure of the organization and culture (Demirkiran et al., 2016) is related to the display of organizational citizenship behaviors. Although Podsakoff et al. (2000) reported that there is no relationship between organizational formalization, organizational inflexibility, advisory/staff support, and spatial distance and organizational citizenship behaviors, other researchers have reported contradictory findings. Rather, according to Narzary and Palo, structural elements of an organization, such as access to information, support from supervisors, and assistance and collaboration from other employees (referred to as structural empowerment) can promote organizational citizenship behaviors both among nurses and midwives.

Narzary and Palo (2015) recently conducted research exploring the relationship between structural empowerment and organizational citizenship behaviors among auxiliary nurses and midwives in India. Structural empowerment is different than organizational climate in terms of the composition of dimensions. Organizational climate has been defined as employees' perceptions of the dimensions of a work environment that employees are exposed to and that influence the behavior of individuals who work in

that environment (Patterson et al., 2005; Sims & Lafollette, 1975). Of particular interest in this study is the human relations domain, which emphasizes an internal focus on employee well-being and development and consists of the following seven climate dimensions: (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support (Patterson et al., 2005; Yu & Wu, 2009). In contrast, the construct of *structural empowerment* refers to access to information, resources, and support; opportunities to learn and grow; formal power; and informal power. In their study, Nazary and Palo collected data from 178 auxiliary nurses and midwives employed in community and primary health centers, state dispensaries, and sub-centers. Two questionnaires were administered with minimal modifications which entailed the 19-item Conditions for Work Effectiveness Questionnaire-II, developed by Laschinger, Finegan, Shamian, and Wilk (2001) and the 41-item Organizational Citizenship Behavior Questionnaire, developed by Podsakoff et al. (1990; as cited in Nazary & Palo, 2015). The Bartlett's test of sphericity was employed to determine whether the factor analysis indicated the scope of data reduction necessary. Following data reduction, discriminant validity was present. Descriptive statistical and structural equation modeling results indicated support for a significant positive relationship between (a) structural empowerment and organizational citizenship behavior, (b) access to information and organizational citizenship behavior, (c) access to support and organizational citizenship behavior, (d) opportunity to learn and organizational citizenship behavior, (e) formal power and organizational citizenship behavior, and (f) informal power and organizational citizenship behavior. Nazary and Palo's findings

further indicated that nurses and midwives are vital to patient care and that auxiliary nurses and midwives both display helping behavior throughout the workday, especially during more challenging times. These findings confirmed the influence that structural empowerment can potentially have on displays of extra-role behaviors that ultimately contribute to improving the quality of patient care.

In addition to organizational structure, researchers have reported conflicting research concerning organizational commitment and its relationship to organizational citizenship behaviors. Vilela et al. (2008) concluded that there is no relationship between organizational commitment and organizational citizenship behaviors; rather, organizational citizenship behaviors can be predicted by continuance commitment (i.e., the understanding that employees possess about the cost associated with leaving an organization) and normative commitment (i.e., the understanding that employees possess about the need to remain at an organization (Mohamed & Anisa, 2012)). In contrast to the belief that no relationship exists between organizational commitment and organizational citizenship behaviors, Mayfield (2013) concluded that there is a significant relationship between organizational commitment and organizational citizenship behaviors identified as *helping*, *taking initiative*, and *civic virtue*. To promote the feeling of ownership within organizations, employers should permit employees to participate in decision-making processes and treat them fairly (Mohamed & Anisa, 2012).

Leadership. Researchers have indicated that the emotional status of leaders influences their followers. For instance, the motivation and pride of followers are enhanced when leaders display happiness (Koning & Van Kleef, 2015). It is important

for leaders to consider how followers perceive their emotions because their emotional displays by leaders have the potential to promote (or inhibit) organizational citizenship behaviors (Koning & Van Kleef, 2015; Zehir et al., 2014). Sometimes discrepancies exist between the emotions that leaders display and the expectations those emotions of by followers, which may influence the behavior of followers. For example, inappropriate displays of anger by leaders may trigger reciprocal anger from followers and decrease the likelihood that they will engage in voluntary tasks, such as organizational citizenship behaviors (Koning & Van Kleef, 2015). Ideally, leaders must first understand their own emotions before they can begin to understand the emotions of followers (Koning & Van Kleef, 2015).

Transformational leadership. According to research performed by researchers, transformational leadership can exert a significant influence on employees. Men (2014) reported that in addition to promoting symmetrical communication, transformational leadership influences trust, mutual control, job satisfaction, relationships between leaders and other leaders, relationships between leaders and employees, and relationships between employees and other employees. Under the guidance of transformational leaders, a balance of equally distributed power transcends relationships and is present throughout the workplace environment, further promoting both employee welfare and collaboration (Men, 2014). Transformational leadership promotes the enhancement of emotional connections between leaders and followers, thus resulting in elevated commitment (Top, Akdere, & Tarcan, 2015). More specifically, Podsakoff et al. (2000) reported that transformational leadership is positively correlated with specific organizational

citizenship behaviors, including altruism, courtesy, conscientiousness, sportsmanship, and civic virtue. Although Ölçer, Florescu, and Năstase (2014) reported that transformational leadership does not influence organizational citizenship behaviors, Shanker (2012) stated that transformational leaders with elevated levels of emotional intelligence have the potential to further commitment by promoting organizational citizenship behaviors.

Ozsahin and Sudak (2015) conducted one of the most salient research studies on organizational citizenship behaviors and the types of leadership behaviors that promote them. More specifically, these authors examined the mediating effects of three types of leadership (i.e., change-oriented leadership, task-oriented leadership, and relation-oriented leadership) and five dimensions of organizational citizenship behavior (i.e., altruism, courtesy, civic virtue, conscientiousness, and sportsmanship) on innovativeness. All three variables (leadership, organizational citizenship behavior, and innovativeness) were measured using existing questionnaires that required only minor modification. Participants included 1,041 employees within 237 firms in the service industry in Turkey. Based on hierarchical regression analysis, the results indicated that only one type of leadership (change-oriented leadership) mediated the relationship between organizational citizenship behavior and innovation. The researchers explained these results in their study by focusing on the role of the environment:

In other words, change-oriented leaders increase innovativeness by creating available environments for employees. In that available environment, employees

will be more willing to contribute to the organization beyond the required, which will affect the innovativeness of an organization in a positive way. (p. 448)

Considering the variety of leadership styles displayed in organizational workplace settings (particularly within healthcare organizations), Ozsahin and Sudak's study provided especially important results: Employees who (a) report to change-oriented leaders, (b) recognize and encourage new ideas, and (c) reward risk-taking and experimentation naturally will engage in extra-role behaviors that result in further displays of innovativeness. When applied to healthcare organizations, the outcomes of increased innovation can significantly improve the quality of patient care.

One of the most revealing research studies on transformational leadership was conducted by López-Domínguez et al. (2013). These researchers examined the relationships between different types of transformational leadership (i.e., developmental leadership and supportive leadership) and role-breadth self-efficacy. According to Vences, Cepeda-Carrión, and Chin (2012), *role breadth self-efficacy* (RBSE) refers to employees' perceived capability of carrying out a broader and more proactive set of work tasks that extends beyond prescribed technical requirements (as cited in López-Domínguez et al., 2013, p. 2148). More specifically, López-Domínguez et al. proposed a model that focuses on both supportive and developmental leadership in conjunction with an innovative organizational climate. These researchers administered a combination of several existing questionnaires to Spanish employees within a variety of different industries. These questionnaires measured (a) change-oriented organizational citizenship behaviors, (b) felt responsibility for change, (c) role breadth self-efficacy, (d)

individualized consideration, and (e) innovative organizational climate. Participants completed a total of 602 questionnaires. The researcher conducted correlation analysis and confirmatory factor analysis to analyze the data. The results indicated that developmental leadership plays an especially important role in promoting change-oriented organizational citizenship behavior. The researchers explained that professional development is important in promoting organizational citizenship behaviors and that role breadth self-efficacy plays a mediating role:

Research results reveal that leadership centered on followers' professional development (developmental leadership) is more effective in promoting change-oriented OCB than leadership based on taking into consideration the followers' needs when making decisions (supportive leadership). Role breadth self-efficacy also mediates the relationship between developmental leadership and change-oriented OCB.... Developmental leadership enhances individual role breadth self-efficacy, which in turn positively affects change-oriented behavior. (p. 2150)

Leadership exists at all levels within organizations. Likewise, organizations encounter and initiate change on a regular basis. Understanding which elements promote change can provide increased organizational sustainability, increased human capital, and overall organizational competitiveness.

Empowerment and ethical leadership. Empowerment leadership contributes to psychological empowerment. It also influences employee behaviors that are displayed in small acts of consideration and promotes extra-role behaviors that influence how organizations function and execute tasks (Li et al., 2017). According to Zehir et al.

(2014), leaders who are ethical in their actions also promote ethical employee activity, ethical policies, and civic virtue.

Emotional intelligence. Researchers have conducted studies to assess the relationship between emotional intelligence (EI) and organizational citizenship behaviors. Although varying viewpoints exist concerning the development of EI, research has indicated that EI positively correlates with displays of organizational citizenship behaviors (Ölçer et al., 2014; Turnipseed & Vandewaa, 2012). More specifically, EI positively correlates with displays of conscientiousness, courtesy, and civic virtue (Ölçer et al., 2014; Vandewaa et al., 2016). In addition, research has indicated that perceiving and managing emotions directly influences patient care as well as individuals who work in emotionally elevated environments (Vandewaa et al., 2016). According to Ölçer et al., EI can be developed; therefore, to promote high-quality patient care, focus ideally should be placed on developing EI both among managers and employees.

Relationship between leaders and followers. In addition to the emotional status of leaders, the actions and behaviors of leaders can influence followers. According to Koning and Van Kleef (2015), the relationship between leaders and followers is essential in fostering and promoting organizational citizenship behaviors. For example, according to Podsakoff et al. (2000), supportive leadership behavior is positively correlated with organizational citizenship behaviors. Nimran (2011) has claimed that the quality of the relationship between leaders and followers is an accurate predictor of organizational citizenship behaviors. Sun et al. (2013) further concluded that the relationship between leaders and followers is positively correlated with organizational citizenship behaviors

and that fairness of procedures further moderated this relationship; more specifically, the relationship between leaders and followers was strongest when procedural fairness climate was strong.

Fairness and rewards. Researcher have indicated that fairness and the distribution of rewards influence both leaders and followers. Sun et al. (2013) found that supervisors' displays of fairness are important to the leader-member exchange. Leader-member exchange is characterized by the relationship between leaders and followers and involves levels of trust, transparent communication, information sharing, overall liking, and organizational citizenship behavior. Podsakoff et al. (2000) found that organizational citizenship behaviors increase when the rewards distributed are important to employees, when employees perceive that leaders control how awards are distributed, and when leaders administer awards that are connected to performance.

Knowledge sharing, empowerment, and support. Leaders can promote knowledge sharing and empowerment throughout organizations. The method of access to information is not important, but it affects organizational citizenship behaviors (Narzary & Palo, 2015). For example, Tremblay and Landreille, (2015) concluded that the way in which information is shared has no impact on organizational citizenship behaviors; however, other researchers have disagreed. Enhanced communication and a clearly stated vision can enhance employee commitment and overall organizational performance (Ozsahin & Sudak, 2015; Schell & Kuntz, 2013; Tremblay & Landreille, 2015). An environment can be created and supported by leaders that welcomes and encourages new ideas and ensures alignment between the goals of organizations and the goals of their

employees (Ozsahin & Sudak, 2015). Leaders who lead in conjunction with their own personal beliefs and values can enhance employees' individual perceptions of their own personal empowerment, which can positively influence the engagement of other employees and ultimately organizational citizenship behaviors (Al Sahi Al Zaabi, Ahmad, & Hossan, 2016). Employers also much assess empowerment from a team perspective in that the healthcare industry and organizations within the industry operate within a system. Therefore, extra-role behaviors that promote the smooth functioning of the organization are increased when team members are empowered and the team has a shared understanding of the support that organizations are providing (Li et al., 2017).

Al-Zu'bi (2011) conducted perhaps the most important research study on the topic of organizational citizenship behaviors and knowledge sharing. This quantitative research study examined the relationship between organizational citizenship behavior and knowledge sharing within the pharmaceutical industry in Jordan. More specifically, Al-Zu'bi investigated the influence of the following organizational citizenship behaviors in terms of their influence on knowledge sharing: altruism, courtesy, sportsmanship, conscientiousness, and civic virtue. Using probability sampling, Al-Zu'bi collected data from 189 participants. Both variables (i.e., organizational citizenship behavior and knowledge sharing) were measured using questionnaires with reliability values ranging from 0.765 (i.e., altruism) to 0.831 (i.e., courtesy). Results of multiple regression analysis indicated that the following three variables were statistically significant predictors of knowledge sharing: altruism, sportsmanship, and conscientiousness. Of equal importance is understanding the influence that organizational citizenship behaviors have on

employees. In order to remain competitive and adjust to economic and industry changes, organizations must foster environments that encourage organizational citizenship behaviors in ways that promote knowledge sharing.

Leadership training. Because the emotional status, actions, and behaviors of leaders can influence their followers both positively and negatively, it is essential to consider the impact of leadership development. According to Leskiw and Singh (2007), organizations that commit to leadership development enhance organizational sustainability. Furthermore, employers should provide leadership training throughout all levels of management (Al Sahi Al Zaabi et al., 2016; Schell & Kuntz, 2013). Although organizations have recognized the importance of evaluating leadership development (Leskiw & Singh, 2007), they have remained unaware of managerial training effectiveness (Burke & Day, 1986).

Organizational Climate

Giving consideration to organizational climate (i.e., shared perceptions of an organization among its managers and followers), is important in increasing the likelihood of organizational competitiveness and sustainability within any industry. Organizational climate within the healthcare industry is perhaps even more important for managers and followers (both in clinical and nonclinical roles) because they exert a direct influence on patient care and overall societal health. Researchers' findings have shown positive relationships between (a) organizational climate and organizational citizenship behaviors (Nimran, 2011), (b) organizational citizenship behaviors and organizational performance, and (c) organizational climate and organizational performance (Shahin et al., 2014).

One method of encouraging a robust organizational climate is to foster behaviors that increase productivity without sacrificing quality (Kanten & Er Ülker, 2013). This is especially true when providing care for patients within the healthcare industry. However, the inverse method of encouraging a robust organizational climate also can be just as effective (i.e., reducing or eliminating counterproductive behaviors within organizations). Kanten and Er Ülker conducted one of the most robust studies on the topic of organizational climate. These researchers conducted a cross-sectional study to investigate the influence of organizational climate on counterproductive employee behaviors within manufacturing companies in Turkey. Through convenience sampling, the researchers identified 204 participants and then administered two questionnaires--a 22-item questionnaire designed to measure organizational climate and a 16-item questionnaire designed to measure counterproductive behaviors. The definition of “counterproductive behaviors” included belittling others, playing pranks on others, acting rudely, arguing, physical aggression, favoritism, gossip, verbal abuse, stealing, and withholding effort, among others (Kanten & Er Ülker, 2013, p. 149).

The authors conducted Pearson correlations, multiple regressions, Cronbach’s Alpha, and factor analyses. Not surprisingly, the results indicated a statistically significant negative correlation between organizational climate and counterproductive behavior. These results suggest that if organizational climates are positively perceived and align with employees’ objectives, positive attitudes are present. On the other hand, if organizational climates are negatively perceived and do not align with employees’

objectives, counterproductive behaviors occur. According to Kanten and Er Ülker (2013), the importance of organizational climate cannot be overestimated:

Employees create the key element for organizations to achieve sustainable competitive advantage in today's dynamic and changing operating conditions. Organizations try to attract qualified employees, take advantage of them at the maximum level and keep employing them in working conditions in which the workforce have a critical role. Therefore, creating a healthy and positive organizational climate, which cares about the welfare of employees, is thought to be important. (p. 156)

Ultimately, Kanten and Er Ülker's study underscored the supreme importance of understanding organizational climate not only among companies within the manufacturing sector but also among organizations within all sectors, including the healthcare sector.

Because a positive relationship exists between organizational climate and organizational behavior and his relationship results in a positive influence on organizations, this relationship is vital to the sustainability of healthcare organizations and overall societal health as a way of understanding the underlying dimensions of organizational climate and their influence on extra-role behaviors (i.e., organizational citizenship behaviors; Shanin et al., 2014).

Employee Welfare. Researcher have used the term “employee welfare” to describe an organization's level of concern for employees and the extent to which it values them (Patterson et al., 2005; Teti & Andriotto, 2013). Employee welfare can be

assessed in a variety of different ways, such as evaluating the attention, care, and concern it displays towards employees as well as the creation of an environment in which there is an overall sense of fairness (Patterson et al., 2005). Considering that human behaviors influence the efficiency and effectiveness of organizational operations, it remains important for organizations to understand the research that exists concerning employee welfare of employees (Kegans et al., 2012).

Researchers have conducted a significant amount of research exploring employee welfare and its influence on organizational citizenship behaviors within organizations, and much of this influence is the result of organizational climate. Organizations have the ability, if they wish to employ it, to influence the organizational climate. For example, according to Hung and Tsai (2016), if an organization decides to focus on maintaining an environment that emphasizes the well-being of others, organizational citizenship behaviors such as altruism or selfless concern for others will increase. Alfonso et al. (2016) assessed this relationship holistically and found a positive connection between the quality of work life that employees experienced and organizational citizenship behaviors. In addition, organizational displays of warmth, another way in which an organization can engage in employee welfare, also improves the ability of organizations to retain employees (Lavoie-Tremblay et al., 2010).

As a more specific way of exploring employee welfare, researchers also have investigated the types of ethical and psychological environments that support the wellbeing of employees. Researchers have assessed ethics both from the perspectives of employees and managers in conjunction with organizational citizenship behaviors.

According to Zehir et al. (2014), a significant positive relationship exists between ethical climate and organizational citizenship behaviors. In addition, the ethics reflected in the behaviors and decisions of managers influences the ethical work climate within organizations, which in turn encourages the display of extra-role behaviors (Ghosh, 2015). Finally, research has indicated that components of psychological climate, including autonomy, ambiguity, conflict, overload, trust, goal emphasis, work facilitation, pride, cooperation, justice, and perceived effort/reward balance among healthcare employees, have been shown to decrease medication errors and even patients' length of stay in hospitals (Paquet et al., 2012).

One of the most recent research studies on the topic of organizational environments performed by researchers examined the quality of work life and its mediating role on emotional intelligence and organizational citizenship behaviors. More specifically, Alfonso et al. (2016) assessed the relationships between emotional intelligence and organizational citizenship behaviors and quality of work life and organizational citizenship behaviors. These researchers also examined (c) the mediating effect of quality of work life on emotional intelligence and organizational citizenship behaviors and (d) the moderating effect of quality of work life on emotional intelligence and organizational citizenship behaviors. Alfonso et al. used existing instruments to collect data regarding organizational citizenship behavior, emotional intelligence, and quality of work life from 203 French participants. The researchers gathered the data from an online research-based professional network. Statistical analysis included descriptive statistics, correlation analysis, and regression analysis. The results indicated that a

positive relationship exists between emotional intelligence and the following three variables: altruism, helping, and civic virtue. A positive relationship also exists between the quality of work life and organizational citizenship behaviors. Finally, the researchers indicated that the quality of work life was viewed as important only for those individuals who scored high on emotional intelligence. Perceived quality of work life is a concept that is related to the factors that comprise organizational climate and their potential influence.

Autonomy. Another element of organizational climate that has the potential to influence both organizational citizenship behaviors and, ultimately, organizations is autonomy. Autonomy can be defined as the degree of independence with which employees operate under minimal external control (Gonzalez-Mulé et al., 2016; Langfred & Rockmann, 2016; Patterson et al., 2005). An assessment of autonomy can include the level of freedom employees experience in making their own and work-related decisions, the amount of control employees have over their day-to-day work, and the degree to which managers trust their employees (Patterson et al., 2005).

Employee role clarity influences the achievement of organizational goals. According to Gonzalez-Mulé et al. (2016), organizational goal clarity mediates the relationship between autonomy and feedback. This mediating effect between the relationship of autonomy and feedback can result in elevated performance by individual employees and work teams while also enhancing the understanding of organizational goals (Gonzalez-Mulé et al., 2016). In the event there is a lack of clarity about role expectations or conflicting role expectations, organizational citizenship behaviors, those

behaviors necessary for the achievement of organizational goals (such as altruism, courtesy, and sportsmanship) will be negatively impacted (Podsakoff et al., 2000).

To promote autonomy within an organization, researchers have suggested that it is important to consider employees within the context of organizational structure. An organizational climate that is positive can enhance employees' self-confidence (Qadeer & Jaffery, 2014). Psychological empowerment, which can be defined as meaningful purpose; an individual's belief in his or her skills, knowledge, and abilities to complete a job; level of autonomy; and a belief that work performed does indeed impact outcomes, is significantly positively related to work engagement, defined as a positive mental state (Al Sahi Al Zaabi et al., 2016). Tremblay and Landreille (2015) also found that psychological empowerment has a mediating effect on sharing of information and support. Enhancing organizational structural empowerment that also promotes autonomous behavior among auxiliary nurses and midwives through policies, information sharing, support, and training may enhance both organizational performance and organizational citizenship behaviors (Al Sahi Al Zaabi et al., 2016).

Involvement. Involvement is the extent to which employees have the ability to influence how they complete assigned work tasks (Inanc et al., 2015; Patterson et al., 2005). There are several elements to consider concerning involvement, including engagement, collaboration, and change. Involvement can also be assessed by evaluating the degree to which employees are included in the decision-making process, the degree to which employees are included in change endeavors that include them, and the degree to which information is shared with employees (Patterson et al., 2005).

Researchers have conducted a significant amount of research on various aspects of involvement and their influence on organizations. According to Pangil, Yahya, Johari, Faizal Md Isa, and Daud (2011), there is a significant positive correlation between the degree to which employees participate and their job satisfaction. The quality of customer service provided is also influenced by employee engagement levels (Granatino et al., 2013). Researchers also have assessed involvement from a learning perspective. The extent to which employees influence their own work provides a greater opportunity for learning via the opportunity to experiment on the job and also share experiences (Inanc et al., 2015).

Change within the healthcare industry is continual. Change is also necessary to ensure societal health. To effectively create, implement, and support change, involvement by individuals is essential. Likewise, it is important for organizational cultures to support individual participation (Sutarjo, 2011). However, researchers have reported that confusion about efforts to implement change initiatives is one of the most common problematic issue among nurses that negatively influences participation and collaboration (Schell & Kuntz, 2013).

Effort. Effort describes the attempts that employees display to achieve organizational goals (Bernstrøm et al., 2013). Hitchcock and Stavros (2017) concluded that motivated employees exert additional efforts to achieve success within an organization based both on personal as well as organizational factors. Several personal factors can potentially influence employee effort. For example, if employees perceive themselves as personally able to accomplish a wide span of tasks outside of their normal

role (Odoardi, 2015), or if they feel a sense of ownership in the goal-generation process (Mohamed & Anisa, 2012), they are more likely to proactively work toward achieving organizational goals. In addition, the efforts of physicians, such as providing patient care, teaching, and learning, are influenced by the availability and timeliness of data to understand the impact the care provided has directly on patients and overall societal health (Phipps-Taylor & Shortell, 2016).

From an organizational perspective, both organizational fit as well as organizational culture influence employee effort. According to Ünal and Turgut (2015), the fit between organizational and personal values plays an important role in directing motivational energies toward goal-directed activities:

The congruity of individuals and organizational values may encourage positive behaviour in a work and organizational context. Thus, employees may be willing to put in high levels of energy and be strongly involved in their work. At the same time, they may be willing to use their knowledge abilities to contribute to the goal actualization of their organizations and exert discretionary efforts to contribute to organizational success. (p. 173)

On the other hand, Vough, Bindl, and Parker (2017) have suggested that the environment (i.e., principles of behaviorism) plays a more important role in employee motivation.

These researchers concluded that the extent to which employees exert effort is influenced by socially mandated norms about the manner in which employees display effort and to what extent.

In addition to personal factors, organizational factors, and the environment, interactions between employees at different levels (i.e., line workers, managers, directors, etc.) also influence motivation and effort in that they themselves influence and are influenced by effort. According to Vough et al. (2017), managers become more actively engaged as employee effort increases. Likewise, Hitchcock and Stavros (2017) concluded that managers ideally must communicate with employees—both individually and collectively (i.e., teams)—in order to understand what motivates them. Finally, feedback from managers is essential for employees and teams of employees if employees are to perceive organizational goals as a method of increasing organizational performance (Gonzalez-Mulé et al., 2016).

Communication. Communication is the extent to which employees engage in the act of sharing information, constructing meaning, and creating relationships within and outside organizations (Men, 2014). Employers can assess communication at a variety of levels: between employees, from employees to management, from management to employees, within teams, and from employees to external stakeholders. Considering that organizations operate as a system; all forms of communication are important to consider when assessing organizational climate.

As expected, researchers have conducted a substantial amount of research on organizational communication. For instance, communication within organizations that is balanced between sender and receiver and between receiver and sender promotes long-term, positive employee relationships, ultimately promoting balanced communication that is essential for change (Men, 2014). Equitable communication in conjunction with good

working conditions, such as support and the appropriate necessary resources, creates an environment that fosters employee interactions (Farzaneh et al. 2014; Tremblay & Landreille, 2015). Communication can also be assessed in terms of the degree to which the communication is open. According to Inanc et al. (2015), organizational participation is strongly related to open communication and the sharing of knowledge between colleagues. Open communication, particularly between management and staff members, also influences employee satisfaction with supervision and customer service (Granatino et al., 2013).

Communication is also present in organizations in the form of feedback. Of specific interest is team feedback because healthcare organizations operate via the functioning of numerous teams. According to Gonzalez-Mulé et al. (2016), it is essential for teams to receive feedback in order to ensure that they understand organizational goals and that this feedback is used to guide work efforts. In fact, Gonzalez-Mulé et al. found that withholding feedback from teams and allowing them to govern themselves promotes chaos. Finally, research has indicated that performance feedback moderates the relationship between autonomy within a team and organizational goal clarity, ultimately influencing team performance.

Training. The concept of training in the workplace entails the development and enhancement of knowledge, skills, and abilities among employees (Patterson et al., 2005; Waddoups, 2016). Training can be assessed from a variety of different perspectives. Two general ways to assess training include determining whether employees were properly trained and determining whether the proper amount of training was provided (Patterson et

al., 2005). Researchers have assessed the influence that training has on organizations. According to Lavoie-Tremblay et al. (2010), training influences organizational outcomes. From a healthcare perspective, a preceptor program influences all aspects of an organization, but primarily it influences the quality of patient care (Canaday & Hamner, 2008). Canaday and Hamner also found that a preceptor program can improve the process of documenting competencies for employees who are new. This process enhances compliance with policies requiring documentation issued from regulatory agencies, decreases liability, decreases turnover of nonclinical employees, and results in overall enhancements in staff competencies of job tasks.

Training also can have an impact on employees within organizations. Similar to the relationship between training and organizations, researchers also have conducted studies exploring the influence of training on employees. Training managers who use methods that involve human relations promote improvements in managerial performance (Burke & Day, 1986). However, training requires both time and resources. Granatino et al. (2013) discovered that employees and managers both require time to train and to establish measurable goals to promote excellent customer service. According to Canaday and Hamner (2008), preceptor programs for nonclinical staff members have resulted in enhanced job satisfaction as well as enhanced engagement. If training is centralized and employs an appropriate amount of resources, it can positively influence decision making (Inanc et al., 2015). According to Sutarjo (2011), providing employees with training that enhances their knowledge, skills, and abilities may also enhance the fit between employees and the organization.

Integration. Integration, another component of organizational climate, refers to the level of cooperation and trust between departments within an organization (Patterson et al., 2005). Employers can assess integration by examining (a) the willingness of employees to share information, (b) collaboration between departments and among employees, and (c) the levels of conflict that may exist within an organization (Patterson et al., 2005). Considering that healthcare organizations and the healthcare industry operate within a complex system, it remains important to understand the impact that these elements of integration have on employees and on organizational climate.

Researchers have conducted a significant number of studies exploring the concept of integration as a function of organizational climate. Knowledge sharing among employees and throughout organizations is critical (Al-Zu'bi, 2011). According to Schell and Kuntz (2013), sharing information is especially important when implementing a change initiative among nurses in mid-levels of leadership. Organizational climates that focus on enhancing collaboration and team spirit also contribute to reducing the number of medical errors and patients' length of stay at medical facilities (Paquet et al., 2012).

Supervisory Support. Supervisors and managers are essential in helping organizations to function effectively. More specifically, supervisors and managers influence organizational climate in terms of support and its influence on employees. Supervisory support can be defined as the extent to which supervisors are concerned about the needs of their employees (Patterson et al., 2005; Tang & Tsaur, 2016). Researchers have reported that organizational support produces a variety of outcomes among employees. For example, Singh and Srivastava (2016) reported that relational

support within organizational environments is highly valued among employees, especially in the forms of care, concern, and trust. These researchers emphasized that “trust, being relational in nature, is influenced more by the relational aspect of employment relationship” (p. 601). Furthermore, researchers have shown that organizational support offsets the impact of extra time on task in predicting burnout (Brown & Roloff, 2015), increases job satisfaction (Vilela et al., 2008), and has a greater impact when experienced as an individual than when it is experienced as a team (Li et al., 2017).

Supervisory support can be assessed by evaluating (a) the extent to which supervisors are adept at understanding problems or issues employees may be experiencing, (b) the display of confidence in those whom they manage, (c) the degree to which supervisors are approachable, and (d) the extent to which supervisors provide guidance (Patterson et al., 2005). According to Top et al. (2015), it is important for managers to understand employee issues and to develop programs that enhance trust, commitment, and job satisfaction for the purposes of increasing employee retention and decreasing employee turnover. In addition, supervisors and managers who lead using methods and strategies that are consistent with their own personal beliefs and values need to ensure that there is alignment between their followers’ values and beliefs and the purpose of their tasks (Al Sahi Al Zaabi et al., 2016).

One important consequence of supervisory support is engagement. Engagement can be enhanced through interaction between leaders and followers. According to Sutarjo (2011), leaders who engage with their followers increase the motivation, commitment,

and trust of followers. Settoon, Bennett, and Liden (1996) further reported that when comparing the leader-follower relationship (LMX) and perceived organizational support, the leader-follower relationship was more closely linked to extra-role behaviors than it was to perceived organizational support. In addition, according to Tang and Tsaur (2016), enhanced levels of supervisory support positively influence group behaviors in their collective display of service-oriented organizational citizenship behaviors. According to Schell and Kuntz (2013), middle managers who provide support throughout an organization can help align the preferences of managers and the needs of patients.

One of the most salient research studies on supervisory support investigated psychosocial variables in relationship to organizational outcomes and quality of care. Paquet et al. (2012) conducted a longitudinal correlational study. More specifically, they researchers explored 13 psychosocial work-environment factors as possible predictors of medication errors and patients' length of stay, taking into account the psychosocial climate and the effort/reward balance perceptions of healthcare workers. The convenience sample consisted of 243 participants representing 13 care units within a health center in Canada. Several existing questionnaires were administered, including the Psychological Climate Questionnaire (PCQ), Siegrist's Effort/Reward Imbalance Questionnaire, and Social Support subscales from the Job Content Questionnaire. These researchers also collected data regarding short-term absenteeism, turnover, overtime, nurse/patient ratios, length of stay, and medication errors. The researchers applied a structural equation modeling approach calculating chi-square statistics, the root mean square error of approximation (RMSEA), the comparative fit index (CFI), and the

standardized root mean residual. The results indicated that four work-environment variables indirectly influenced medication errors and length of stay: “apparent social support from supervisors, appreciation of the workload demands, pride in being part of one’s work team, and effort/reward balance” (p. 82). The results further indicated that psychosocial factors and patient outcomes exert an indirect influence on employee turnover, attendance, overtime, and the nurse/patient ratio. The results of this study highlight the significance of perceived psychosocial factors and their impact on healthcare organizations, outcomes of healthcare organizations, and the quality of care received: “In general, better personnel conditions lead to fewer medication errors and shorter length of stay” (p. 82). Improving the perceptions of these conditions has the potential to result in longevity and dedication as well as overall enhanced patient care.

Prior Methods Used to Explore Organizational Climate and Organizational Citizenship Behaviors

Researchers have used a variety of research methods to explore organizational climate and organizational citizenship behaviors. These methods can be classified into two primary categories: qualitative and quantitative. Although some researchers have used qualitative methods to explore these topics, the majority of research studies used quantitative methods. More specifically, researchers have used primarily both cross-sectional and quasi-experimental methodologies (e.g., questionnaires) to assess both variables.

According to Organ et al. (2006), researchers have used a variety of instruments to measure organizational citizenship behavior. Across time, researchers have proposed

several definitions of organizational citizenship, including (a) altruism, consciousness, sportsmanship, courtesy, and civic virtue; (b) organizational citizenship behaviors directed toward the organization and organizational citizenship behaviors directed towards the individual; and (c) helping behavior (Organ et al., 2006). According to Dekas et al. (2013), different types of organizational citizenship behaviors exist for knowledge workers, and with the increase in the number of the knowledge workers, assessing the traditional elements that define organizational citizenship behaviors would be detrimental to global organizations that employ these knowledge workers. Despite these efforts, there are currently no agreed-upon scales to measure organizational citizenship behaviors (Vandewaa et al., 2016) and no agreed upon approach to studying organizational climate and organizational citizenship behaviors.

Dekas et al. (2013) conducted perhaps the most relevant research study that addresses methods used to explore both organizational climate and organizational citizenship behaviors. These researchers conducted a multistage qualitative study designed to provide an understanding of a new generation of organizational citizenship behaviors among knowledge workers. More specifically, the purpose of the study was to investigate both traditional and new ways of assessing organizational citizenship behaviors. These researchers used a stratified random sampling technique to identify a total of 75 participants at several Google, Inc. campuses around the world. The researchers then divided participants into focus groups that were representative of organizational function (e.g., sales, engineering, etc.) and geographic area (national and international). The researchers collected 615 participant responses that identified and

described core, non-core, mandatory, and non-mandatory workplace behaviors. The researchers applied inductive content analysis and identified the full range of organizational citizenship behaviors that occur among knowledge workers at Google, Inc. They then applied established scale-development techniques and ultimately created (and validated) a new instrument with which to measure organizational citizenship behaviors among knowledge workers. Because the healthcare industry is densely populated with knowledge workers who are essential in providing quality patient care, the instrument developed as a result of this study not only provides a new way of measuring organizational citizenship behaviors, but it also reflects authentic and current representations of organizational citizenship behaviors derived from a real-world setting. Ultimately, Dekas et al.'s contribution provides an improved and transferrable understanding of appropriate ways to measure organizational citizenship behaviors of knowledge workers.

As with organizational citizenship behavior, researchers have defined and assessed organizational climate in a variety of ways across time. The original instrument developed by Litwin and Stringer (1968) to investigate organizational climate included the scales identified as structure, responsibility, reward, risk, warmth, support, standards, conflict, and identity but does not appear to measure what it intends to measure, for although correlations exist, the factors and scales have demonstrated low reliability (as cited in Sims & LaFollette, 1975). Across time, other instruments were developed to assess organizational climate. These instruments featured low internal reliability and validity, which led to the exploration of alternate dimensions, such as respect,

communication, career development, innovation, and planning and support (Furnham & Goodstein, 1997). Patterson et al. (2005) developed the OCM after considering the many instruments in existence in conjunction with the competing values framework. This resulted in an instrument consisting of (a) four domains (human relations, internal process, open systems, and rational goal), (b) 17 dimensions of organizational climate from the perspective of the employee, and (c) acceptable internal reliability scales.

Summary and Conclusions

In summary, Chapter 2 contains a restatement of both the problem and the purpose of the study. To begin the chapter, I provided a brief synopsis of the databases I used to search for empirical studies as well as the search terms I employed to find those results was presented. I presented a thorough description of person–organization fit, the theory selected for this study, as well as shorter descriptions of other theories that I did not select. I further presented empirical results of studies that researchers have conducted both on organizational climate and organizational citizenship behaviors.

Researchers investigating the dependent variable, identified as organizational citizenship behaviors, identified antecedents and outcomes of organizational citizenship behavior. I further classified the antecedents into four main categories, which include individual characteristics, tasks and roles, organizational characteristics, and leadership. I assessed the independent variable, organizational climate, through the dimensions identified as employee welfare, autonomy, involvement, effort, training, integration, and supervisory support. I presented information on common methodologies as well as instruments that have been used to measure both variables.

Major themes emerged from the review of research literature, including the fact that there are several elements that can potentially impact organizational citizenship behaviors in organizations, such as individual characteristics, tasks and roles, organizational characteristics, and leadership. In addition, there are several constructs that can be used as a measure of organizational citizenship behaviors, such as (a) altruism, consciousness, sportsmanship, courtesy, and civic virtue; (b) organizational citizenship behaviors directed toward the organization and organizational citizenship behaviors directed towards the individual; and (c) helping behavior (Organ et al., 2006). Likewise, much debate exists concerning the most useful and appropriate elements to assess when studying organizational climate and how best to assess those elements. Despite this debate, a common theme displayed in the literature reviewed is the impact that organizational climate has on organizational citizenship behaviors. This overarching theme addresses the gap in existing literature, which includes which specific domains of organizational climate, specifically the human relations domain (Patterson et al., 2005), have the most significant impact on organizational citizenship behaviors of employees who work in a hospital. Gaining a better understanding of the elements that create the most conducive organizational climate has the potential to enhance the quality of patient care as well as overall societal health.

Chapter 3: Research Method

The healthcare industry in the United States is in a state of perpetual change that is likely to continue as the industry transitions from focusing on the number of patients cared for to the quality of care received (Hess, 2013). Extra-role behaviors are required both from leaders and followers in the healthcare industry during this system-wide transition, and it is probable that these extra-role behaviors will continue to be required after the initial stages of transition occur (López-Domínguez et al., 2013; Ozsahin & Sudak, 2015; Podsakoff et al., 2000). The purpose of this cross-sectional quantitative study was to examine the possible relationships between organizational climate factors and organizational citizenship behaviors of employees at hospitals within the United States. Examining these relationships increases the ability of researchers and hospital administrators to determine which dimensions within the human relations domain of organizational climate predict organizational citizenship behaviors (Patterson et al., 2005). First, this study reflects the potential to help improve and align organizational function and strategic management during times of change. Second, a more complete understanding of the relationship between organizational climate and organizational citizenship behaviors may result in enhanced employee engagement, subsequently (a) improving the patient experience, (b) increasing the quality of care, and (c) improving overall societal health.

The main sections that comprise Chapter 3 include the research design and rationale. I include in Chapter 3 information about the population, sampling procedures, recruitment procedures, data collection methods, and data analysis procedures. In this

chapter, I describe two instruments that were used to measure both the independent variables and dependent variables (i.e., organizational climate behaviors and organizational citizenship behaviors, respectively). In this chapter, I describe data collection methods and data analysis methods in addition to threats to both external and internal validity. I conclude the chapter with an assessment of ethical procedures involving participants and data collection.

Research Design and Rationale

I used a quantitative cross-sectional research design to identify (a) potential relationships between organizational climate variables and organizational citizenship behaviors, (b) the difference in mean scores on the Organizational Citizenship Behavior Questionnaire (Argentero et al., 2008) between leaders and followers, and (c) the difference in mean scores on the Organizational Citizenship Behavior Questionnaire (Argentero et al., 2008) between clinical and nonclinical employees within a hospital environment. According to Campbell and Stanley (1963), cross-sectional methods are used to collect data at one point in time. I used a cross-sectional design because it provides the ability to collect a large amount of data quickly at one point in time (Sedgwick, 2014).

The research questions and their respective hypothesis statements that guided this study were as follows:

Research Question 1

RQ1: What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment?

*H*₀: There is no relationship between the dimensions of human relations and organizational citizenship behaviors of employees in a hospital environment.

*H*_A: There is a relationship between the dimensions of human relations and organizational citizenship behaviors of employees in a hospital environment.

RQ1: Variables. The independent variable in RQ1 and its subsequent hypothesis statements is a continuous variable that was measured using the human relations domain, which is comprised of seven climate dimensions within Patterson et al.'s (2005) 84-item OCM. Patterson et al. created the questionnaire I used based on Quinn and Rohrbaugh's (1983) competing values framework, which identifies values that act as a foundation for organizational climates (Yu & Wu, 2009). I measured organizational citizenship behaviors using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. I conducted a multiple linear regression (MLR) with the data gathered in order to answer RQ1.

Research Question 2

RQ2: What relationship exists, if any, in organizational citizenship behaviors between leaders and followers in a hospital environment?

*H*₀: There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers.

H_A: There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers.

RQ2: Variables. The independent variable in RQ2 and its subsequent hypothesis statements is a dichotomous variable. I classified hospital employees who formally oversee other employees as leaders. I classified hospital employees who do not manage other employees as followers. I measured the dependent variable, organizational citizenship behaviors, using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. (2005) evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. The data gathered in order to answer RQ2 was analyzed using an independent *t* test. I conducted an independent *t* test with the data gathered in order to answer RQ2.

Research Question 3

RQ3: What relationship exists, if any, in organizational citizenship behaviors between clinical and nonclinical employees in a hospital environment?

H₀: There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees.

H_A: There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees.

RQ3: Variables. The independent variable in RQ3 and its subsequent hypothesis statements is a dichotomous variable. I classified hospital employees who reported that they provide direct clinical care as clinical employees. I classified hospital employees who reported that they do not provide direct clinical care as nonclinical employees. I measured the dependent variable, organizational citizenship behaviors, using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. (2005) evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. The data gathered in order to answer RQ3 was analyzed using an independent t test. I conducted an independent t test with the data gathered in order to answer RQ3.

Methodology

The methodology I used for this research study consisted of several components. In this section, I describe the population, sample, and sampling procedures in detail. I also present information that describes the process used to recruit participants, the requirements for participation, and the data collection methods. I present information about the reliability and validity of both instruments used to measure organizational climate and organizational citizenship behaviors. I include an overview of the data analysis plan as well ethics procedures.

Population

A population can be defined as all cases that meet a certain set of established parameters (Frankfort-Nachmias & Nachmias, 2008). The population for this study consisted of alumni from targeted public and private colleges located in Ohio who have graduated with a clinical or nonclinical healthcare degree. Because it was impractical for the purposes of this study to collect data from all alumni in the state of Ohio who have graduated with a healthcare degree, I used a sampling procedure.

Sampling and Sampling Procedures

Whereas a population can be defined as all elements that meet a certain set of established criteria, a sample is a subset of the identified population (Frankfort-Nachmias & Nachmias, 2008). The sampling frame sets the parameters for the criteria of the participants. Alumni who graduated from a 2-year or 4-year degree program at a college in Ohio constituted the sampling frame and qualified to be recruited for this study. Qualified participants were currently employed at a hospital for a minimum of 6 months. This requirement was important because employees working fewer than 6 months at their place of employment may not have experienced a sufficient degree of exposure within their respective hospital environments to accurately assess the organizational climate.

Sampling can be further defined by the manner in which samples are selected. Probability sampling permits the potential inclusion of all members of the population in the sample, however in non-probability sampling, not all members of the population have an equal chance of being included within the sample (Frankfort-Nachmias & Nachmias, 2008). To be able to generalize sample results to the larger population for this study, I

used probability sampling. I contacted the Office of Alumni at private and public colleges that offer 2-year and 4-year healthcare degrees (see Appendix A). The office responsible for alumni relations at the vast majority of colleges or universities in this study was referred to as the *Office of Alumni*; however, this same office at a few colleges was referred to as *Career Services* or *Alumni Relations*. The term *Office of Alumni* is used in this study to refer to all such offices responsible for contacting alumni. I shared information about the study in a formal letter via e-mail or verbally with the contact person in the Office of Alumni at each college. The letter to the Office of Alumni described the purpose of the study, the targeted alumni, the instrumentation used to collect data, the technology I would use to gather the data, plans to ensure anonymity, and the ethical procedures I would implement throughout the entire research process.

After I received permission to conduct the study from each college or university I requested that the Office of Alumni send the SurveyMonkey link to alumni electronically. The information communicated to alumni electronically described the purpose of the study, the targeted participants, the instrumentation that would be used to collect data, the SurveyMonkey link to the questionnaire, plans to ensure anonymity, and the ethical procedures that would be employed throughout the entire research process.

Sample size. The study included three research questions: (a) What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment?; (b) Is there a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers?; and (c) Is there a difference in mean scores on the Organizational

Citizenship Behavior Questionnaire between clinical and nonclinical staff members? To determine the optimum sample size for each research question, I conducted a G* Power analysis. The results of the G* Power analysis are summarized in Table 1.

Table 1

Results of the G Power Analysis*

Parameters	Research Question 1	Research Question 2	Research Question 3
Test Family	F tests	<i>t</i> tests	<i>t</i> tests
Statistical Test	Multiple Regression: Omnibus (R^2 deviation from zero)	Means: Difference between two independent means (two groups)	Means: Difference between two independent means (two groups)
Type of power analysis	A priori: Compute required sample size - given α , power, and effect size	A priori: Compute required sample size - given α , power, and effect size	A priori: Compute required sample size - given α , power, and effect size
Input parameters:			
Tails	n/a	Two	Two
Effect size f^2	0.15	0.50	0.50
α err prob	0.05	0.05	0.05
Power (1- β err prob)	0.80	0.80	0.80
Number of predictors	7	n/a	n/a
Allocation ratio N2/N1	n/a	1	1
Projected sample size	103	Combined 128 (64 for each group)	Combined 128 (64 for each group)

Research question 1. *What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital?* In order to identify the projected sample size for the first research question, I utilized the G* Power software. As shown in Table 1, I selected “F tests” as the test family. I also selected “Multiple regression, omnibus (R^2 deviation from zero)” for the statistical test. Omnibus tests determine whether the explained variance in the data set is significantly greater than the unexplained variance (Sherperis, n. d.). This statistical test

provides a percentage of variability in the dependent variables that can be accounted for or explained by the variability in the independent variable. The remaining percentage can be explained by other independent variables not considered in this study.

The type of power analysis I selected in the G*Power application was stated as “*a priori*: Compute required sample size, given the alpha level, power, and effect size.” I selected a medium effect size of “0.15,” and the alpha level was set at “0.05”, the default alpha. The most common level of power is 0.80 (Sherperis, n. d.); therefore, I set the power at “0.80.” Because seven independent variables have been identified, I set the number of predictors at “7.” Based on these parameters, G* Power reported that the total projected sample size should be at least 103 participants.

Research question 2. *Is there a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers?* To identify the projected sample size for the second research question, I used G* Power software. As shown in Table 1, I selected “*t* tests” as the test family in the G*Power application. I also selected the command “Means: Difference between two independent means (two groups).” The type of power analysis that I selected in the G*Power application is stated as “*a priori*: Compute required sample size, given the alpha level, power, and effect size.” I set the number of tails at “two.” I selected a medium effect size of “0.50,” and the alpha level was set at “0.05”, and I set the default alpha at “0.05,” the default alpha level. The most common level of power is 0.80 (Sherperis, n. d.). Therefore, I set the power at “0.80.” I set the allocation ratio was set at “1”. Based on these parameters, G* Power reported that the total projected sample size should be at least 128. The optimal sample

group size for group 1 should be at least 64. The optimal sample group size for group 2 also should be at least 64.

Research question 3. *Is there a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical staff members?* To identify the projected sample size for the second research question, I used G* Power software. As shown in Table 1, I selected “*t* tests” as the test family in the G*Power application. I also selected the command “Means: Difference between two independent means (two groups).” The type of power analysis that I selected in the G*Power application is stated as “*a priori*: Compute required sample size, given the alpha level, power, and effect size.” I set the number of tails at “two.” I selected a medium effect size of “0.50,” and I set the alpha level at “0.05”, the default alpha level. The most common level of power is 0.80 (Sherperis, n. d.). Therefore, I set the power at “0.80.” I set the allocation ratio at “1”. Based on these parameters, G* Power reported that the total projected sample size should be at least 128. The sample group size for group 1 should be at least 64. The sample group size for group 2 should be at least 64.

Procedures for Recruitment, Participation, and Data Collection (Primary Data)

For the purpose of recruiting, I targeted colleges within the state of Ohio that offer healthcare degrees designed to prepare individuals with the necessary knowledge, skills, and abilities to work in a hospital for recruiting purposes. I contacted individuals who work in the Office of Alumni within these targeted colleges. I asked for help from Office of Alumni in contacting alumni who graduated with a degree in healthcare. Examples of healthcare degrees included, but were not limited to, healthcare administration, health

information management and systems, medical administrative assisting, medical assisting, medical billing, nursing, pharmaceutical science, radiologic science, respiratory therapy, occupational therapy, physical therapy, doctor of osteopathic medicine (DO), and medicine degree (MD). If the Office of Alumni agreed to provide assistance in recruiting participants for the study, I asked a representative from the Office of Alumni to send the alumni of that college an electronic message that included an introduction, background information about myself, an explanation of the purpose of the study, and a link to access the questionnaire.

In addition to the data collected to answer the research questions, I also collected demographic data. Demographic data requested included the confirmation of employment in a hospital for the last 6 consecutive months, whether participants were employed in a clinical or nonclinical role, and whether participants supervised one or more direct reports.

Informed consent is required to ensure that participants understand their role in the study as well as any risks of participating. Obtaining informed consent involves verification of competence; the promise of voluntarism; comprehension; and the provision of full information, including a description of the processes that will be followed, the purpose of the study, potential risks, potential benefits, potential alternate processes, a promise to answer any questions, and the recognition that participants can withdraw consent and remove themselves from the study at any time during the research process for any reason (Frankfort-Nachmias & Nachmias, 2008).

I provided participants informed consent forms that I constructed when they were contacted by the Office of Alumni. The informed consent form included an overview and description of the research project. The informed consent form also pointed out that those participants who completed the questionnaire would be offered a \$6.00 Amazon electronic gift card and that the questionnaire can be completed at home. Two weeks after data collection began, I decided to offer the \$6.00 Amazon electronic gift card as a way of saying “thank you” to participants. The informed consent form included the estimated time required to complete the questionnaire as well as the website link to access the questionnaire. The informed consent form described the benefits of the study as well as potential risks. The informed consent form also included the promise of anonymity and the promise that no identifying information (e. g., an e-mail address) would be collected during the completion of the questionnaire unless the participant wished to receive a summary of the results of the study or the electronic \$6.00 Amazon electronic gift card. The informed consent form specified that there would be no penalty if participants declined to participate or removed themselves from the study at any time for any reason. I provided my contact information in the event participants wanted to ask questions about the study or their participation.

I collected data with the help of an online questionnaire that I created using the SurveyMonkey platform. Even though I used items from two different questionnaires in this study (i.e., the human relations domain [comprised of seven climate dimensions] of Patterson et al.’s (2005) 84-item OCM and the 24-item Organizational Citizenship Behavior Questionnaire by Podsakoff et al. (1990) originally constructed the

questionnaire, and Argentero et al. (2008) later transformed it to enable self-reporting by employees), I compiled these items into one SurveyMonkey questionnaire. The questionnaire also included items that captured demographic data, the independent variable (identified as organizational climate), and the dependent variable (identified as organizational citizenship behaviors). Demographic data included the confirmation of employment in a hospital for the last 6 consecutive months, whether participants were employed in a clinical or nonclinical role, and whether they supervised subordinates.

The independent variable in RQ1 and the subsequent hypothesis statements is a continuous variable that was measured using the human relations domain, which is comprised of seven climate dimensions and 34 items from Patterson et al.'s (2005) 84-item OCM. The questionnaire is founded on Quinn and Rohrbaugh's (1983) competing values framework, which identifies values that act as a foundation for organizational climate (Yu & Wu, 2009). I measured the dependent variable, organizational citizenship behaviors, was measured using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to enable self-reporting by employees. Argentero et al. and Patterson et al. evaluated both instruments and determined that they have met acceptable reliability and validity standards to accurately measure organizational citizenship behaviors and organizational climate.

I used SurveyMonkey as the online data collection platform, and I embedded a link to the questionnaire in the message sent out to participants by the Office of Alumni from each college requesting participation. The questionnaire was anonymous and could

be completed in the comfort of participants' homes, at an office location, or with a smartphone. Only I had access to the SurveyMonkey account established for the sole purpose of the research study. Once participants completed the questionnaire, only I had access to the data collected. In the event participants wanted an e-mailed copy of the finished study including results or to receive the electronic \$6.00 Amazon electronic gift card, they were instructed to provide a valid e-mail address upon completion of the questionnaire.

Field Testing

I conducted a field test before data collection began to evaluate the instrument that was used to investigate both organizational climate and organizational citizenship behaviors. I recruited volunteers who were not participants in the study and asked them to complete the questionnaire. The field testing process assessed the clarity of the items in the questionnaire, the layout and formatting of the questionnaire, the time required to complete the questionnaire, and any other potential problems that they believed could have hindered the data collection process. I debriefed the volunteers following the field test to assess their overall experience. SurveyMonkey automatically recorded the amount of time required to complete the questionnaire, and I made minor adjustments to the instrument based on the information gathered from the field test.

Instrumentation and Operationalization of Constructs

To assess the relationship between organizational climate and organizational citizenship behaviors, I used two existing questionnaires. I opted to use these existing questionnaires rather than developing my own questionnaires due to the extensive,

lengthy, and rigorous psychometric processes required to construct and assess the validity and reliability of a new instrument. I measured organizational climate, the independent variable, was measured using the human relations domain (comprised of seven climate dimensions) of Patterson et al.'s (2005) 84-item OCM. Patterson et al. created the questionnaire based on Quinn and Rohrbaugh's (1983) competing values framework, which identifies values that act as a foundation for organizational climates (Yu & Wu, 2009). Researchers, administrators, and executives have used the instrument to measure organizational climate in numerous organizations that vary widely in size within the manufacturing sector in the United Kingdom (Patterson et al., 2005). More recently, these same constituents have used the instrument to measure organizational climate in the Norwegian international service sector through a Norwegian translation of the questionnaire (Bernstrøm et al., 2013). The original instrument consists of four domains (human relations, internal process, open systems, and rational goal) and 17 dimensions of organizational climate. I used only one of the four domains (human relations) and seven of the dimensions were utilized.

The questionnaire I utilized was used as originally published with only five variations. Within the "Training" section, the original questionnaire included the following two items: "People are not properly training when there is a new machine or a bit of equipment" and "People receive enough training when it comes to using new equipment" (Patterson et al., 2005, p. 406). I modified these two items slightly to better align with the tasks that are required for clinical and nonclinical employees (i.e., leaders and followers) within a hospital setting. These two items were modified as follows:

“People are not properly trained when there is new equipment or a new process” and “People receive enough training when it comes to using new equipment or a new process” (see Appendix B). Within the “Autonomy” section, the original questionnaire included the following three items: (a) “Management let people make their own decisions much of the time,” (b) “Management trust people to take work-related decisions without getting permission first,” and (c) “Management keep too tight a reign on the way things are done around here” (Patterson et al., 2005, p. 405). I modified these three items slightly to reflect a grammatical form more common within the United States. These three items were modified as follows: (a) “Management lets people make their own decisions much of the time,” (b) “Management trusts people to take work-related decisions without getting permission first,” and (c) “Management keeps too tight a reign on the way things are done around here” (see Appendix B).

I measured the dependent variable, organizational citizenship behaviors, using the 24-item Organizational Citizenship Behavior Questionnaire. Organ (1988) originally developed the conceptual work for the questionnaire, which Podsakoff et al. (1990) advanced. Researchers, administrators, and executives have used the Organizational Citizenship Behavior Questionnaire to measure organizational behavior in a number of different industries. For example, Podsakoff et al., originally administered the instrument to a diversified petrochemical company in the United States, Canada, and Europe. Members of the retail insurance industry in the United States used the questionnaire (Bell & Menguc, 2002) to further understand service quality, employee behavior, and management behavior in a large steel conglomerate company in China (Hui, Lee, &

Rousseau, 2004). Argentero et al. (2008) also assessed the instrument using an Italian translation in the service industry. I used the instrument constructed by Argentero et al. with no modifications. The response scale consisted of a 7-point Likert scale (1 = “it does not describe me at all” and 7 = “it describes me completely”). The wording on the response scale for options 2 through 6 were not included in the original questionnaire. Therefore, I assigned the following wording for options 2 through 6 on the response scale: 2 = It doesn’t for the most part describe me; 3 = It is somewhat untrue of me; 4 = It neither describes or does not describe me; 5 = It is somewhat true of me; and 6 = It for the most part describes me (see Appendix B). Argentero et al. concluded that the questionnaire is appropriate. More specifically, three of the five dimensions of organizational citizenship behaviors (i.e., altruism, civic virtue, and conscientiousness) fit, whereas sportsmanship and courtesy merged into other components in the Italian version of the questionnaire, the dimensions measured were correlated varying between .46 and .86, and the composition of the three dimension (i.e., altruism, civic virtue, and conscientiousness) were similar to Podsakoff et al.’s original study (Argentero et al., 2008).

I received permission to use Patterson et al.’s (2005) 84-item OCM from the publisher of the article in which the instrument appeared. The instrument originally appeared in the article by Patterson et al. titled “Validating the Organizational Climate Measure: Links to Managerial Practices, Productivity and Innovation” from the *Journal of Organizational Behavior*. The license number provided from the publisher for the use of the instrument is 4004430530948. I received permission to use the 24-item

Organizational Citizenship Behavior Questionnaire from the principal author, Piergiorgio Argentero, via e-mail.

Reliability. An instrument can be considered reliable when consistent results are produced (Frankfort-Nachmias & Nachmias, 2008). Specifically, Cronbach's alpha can be used to assess reliability within a scale. I utilized the human relations domain within Patterson et al.'s (2005) 84-item OCM to assess organizational climate. The human relations domain consists of seven dimensions: (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support. According to Patterson et al., calculated Cronbach's alpha coefficients for the human relations domain are as follows: welfare (0.91), autonomy (0.67), involvement (0.87), effort (0.79), training (0.83), integration (0.86), and supervisory support (0.88).

I measured organizational citizenship behaviors using the 24-item Organizational Citizenship Behavior Questionnaire constructed originally by Podsakoff et al. (1990) and later transformed for employee self-reporting by Argentero et al. (2008). According to Organ et al. (2006), internal consistency reliability coefficients are as follows: altruism (0.85), courtesy (0.85), sportsmanship (0.85), conscientiousness (0.82), and civic virtue (0.70), which result in an overall mean average of 0.81.

Validity. Researchers assessed both instruments selected for this study to establish their validity. According to Frankfort-Nachmias and Nachmias (2008), validity assesses whether an instrument measures what it intends to measure. Intraclass correlations provide information about the extent to which a contextual variable influences has an impact on the outcome of a research study (Field, 2013). According to

Patterson et al. (2005), the intraclass correlation (ICC)(1) values for the OCM are, on average, 0.16, consistent with the range reported by other similar studies that assess the reliability of a single rating. The average ICC(2) rating, which assesses the overall average rating, was above 0.75 (Patterson et al., 2005). The climate dimensions identified in the instrument were also assessed for concurrent validity, i.e., how well the instrument correlates with another existing validated instrument, by conducting interviews with senior management (Patterson et al., 2005). Last, the instrument was assessed for predictive validity, the extent to which an instrument can be used as a predictor of organizational productivity (Patterson et al., 2005). One year after the study had been conducted, organizational productivity was found to be significantly correlated with several organizational climate dimensions (Patterson et al., 2005).

According to Organ et al. (2006), the 24-item Organizational Citizenship Behavior Questionnaire assesses the constructs that need to be assessed in order to measure organizational citizenship behavior. Organ et al. reported inter-rater reliability ratings averaged across 12 samples have been reported as follows: altruism (0.88), courtesy (0.87), conscientiousness (0.85), sportsmanship (0.88), and civic virtue (0.84; Organ et al., 2006). The organizational citizenship behavior questionnaire, which was constructed originally by Podsakoff et al. (1990), and later transformed for employee self-reporting by Argentero et al. (2008) also demonstrated acceptable subscale reliability.

Operationalization: Organizational Climate

The independent variable for this study was the human relations domain of the organizational climate questionnaire. Researchers have referred to the way that individuals perceive their work environment as “organizational climate.” The human relations domain is an element of organizational climate. More specifically, it is an element of the competing values framework that emphasizes employee well-being, development, and commitment (Patterson et al., 2005). The human relations domain of the organizational climate questionnaire consists of seven dimensions: (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support. Each of these dimensions represents an organization’s level of concern and the degree to which it values (a) its employees (Patterson et al., 2005; Teti & Andriotto, 2013; i.e., employee welfare); (b) the degree of independence in which employees operate with minimal external control (Gonzalez-Mulé et al., 2016; Langfred & Rockmann, 2016; Patterson et al., 2005; i.e., autonomy); (c) the extent to which employees have the ability to influence how they complete assigned work tasks (Inanc et al., 2015; Patterson et al., 2005; i.e., involvement); (d) the extent to which employees engage in achieving organizational goals (Bernstrøm et al., 2013; i.e., effort); (e) an organization’s focus on developing and enhancing the knowledge, skills, and abilities of its employees (Patterson et al., 2005; Waddoups, 2016; i.e., emphasis on training); (f) the level of cooperation and trust between departments within an organization (Patterson et al., 2005; i.e., integration); and (g) the extent to which supervisors are concerned about

the needs of their employees (Patterson et al., 2005; Tang & Tsaur, 2016; i.e., supervisory support).

Collectively, 34 items of the questionnaire that I selected for this study assessed each of the seven dimensions of the human relations domain of organizational climate. Examples of the items in the instrument include “Management trust people to make work-related decisions without getting permission first” and “There is very little conflict between departments here” (Patterson et al., 2005, p. 405). The instrument features a Likert-type response scale with the following response options: 1 = Definitely false; 2 = Mostly false; 3 = Mostly true, 4 = Definitely true (Patterson et al., 2005).

Operationalization: Organizational Citizenship Behaviors

I selected organizational citizenship behavior as the dependent variable. Organizational citizenship behavior can be defined as discretionary behaviors (a) that extend beyond the duties, tasks, and responsibilities noted within job descriptions; (b) that are not recognized or rewarded through a formal organizational rewards system; and (c) that promote effective organizational functioning (Organ et al., 2006). Organizational citizenship behavior is comprised of five dimensions: altruism, conscientiousness, sportsmanship, courtesy, and civic virtue. Each of these dimensions measures (a) the degree to which employees help each other with specific tasks or with organizationally relevant problems or issues (Podsakoff et al., 2000; i.e., altruism), (b) compliance with necessary organizational constraints (Alfonso et al., 2016; i.e., conscientiousness), (c) the ability of employees to tolerate unavoidable negative occurrences and hardships at work with minimal, if any, protest or complaint (Zhang, 2014; i.e., sportsmanship), (d)

preventative, collaborative employee efforts (Ozhahin & Sudak, 2015; i.e., courtesy), and (e) constructive participation and engagement in the administrative and governance processes within organizations (Organ et al., 2006; i.e., civic virtue).

The organizational citizenship behavior instrument is comprised of 24 items that assess organizational citizenship behavior. Argentero et al. (2008) transformed this instrument into a self-report measure that allows participants to assess how frequently they demonstrate organizational citizenship behaviors at work. Podsakoff et al. (1990) constructed the original version of the instrument. Examples of items within this instrument include the following: “I keep abreast of changes in the organization” and “I respect the rights of people that work with me” (Argentero et al., 2008, p. 66). Participants evaluated their behavior using a 7-point Likert scale with response options ranging from 1 = it doesn’t describe me at all to 7 = it describes me completely (Argentero et al., 2008).

Data Analysis Plan

The software I utilized to analyze the data collected was SPSS, a software package that provides statistical analysis and reporting (IBM.com, n. d.). The following are the research questions and their respective hypothesis statements, a description of the variables, and the method of data analysis utilized:

Research Question 1

RQ1: What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment?

H_0 : There is no influence of the dimensions of the human relations scale on the score for organizational citizenship behaviors among employees in a hospital environment.

H_A : There is an influence of the dimensions of the human relations scale on the score for organizational citizenship behaviors among employees in a hospital environment.

The above hypothesis was tested by multiple linear regression, $y = \beta_0 + \beta_1x_1 + \beta_2x_2 + \dots + \beta_7x_7 + \varepsilon$, where y = organizational citizenship behaviors, x_1 = employee welfare, x_2 = autonomy, x_3 = involvement, x_4 = effort, x_5 = training, x_6 = integration, and x_7 = supervisory support.

$$H_0: y = \beta_1 = \beta_2 = \beta_3 = \beta_4 = \beta_5 = \beta_6 = \beta_7 = 0$$

H_A : At least one $\beta_i \neq 0$ (for $i = 1, 2, 3, 4, 5, 6, 7$) and a reasonable R-squared

RQ1: Variables. The independent variable in RQ1 and its subsequent hypothesis statements is a continuous variable that I measured using the human relations domain, which is comprised of seven climate dimensions within Patterson et al.'s (2005) 84-item OCM. Patterson et al. created the questionnaire I used based on Quinn and Rohrbaugh's (1983) competing values framework, which identifies values that act as a foundation for organizational climates (Yu & Wu, 2009). I measured organizational citizenship behaviors using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. (2008) and Patterson et al. evaluated both instruments and determined that they have met

acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate.

I analyzed the data gathered in order to answer RQ1 using multiple linear regression (MLR) via the model constructed above, where H_0 is the set of $\beta = 0$ and at least one $\beta_i \neq 0$ with a reasonable R-squared as described above. According to Levine and Stephan (2015), multiple linear regression is a statistical tool that examines whether the dependent variable (i.e., organizational citizenship behaviors) can be predicted from the independent variables (i.e. organizational climate dimensions---in this study identified as (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support. Multiple linear regression analysis indicates the strength of relationships between variables and the significance of each independent variable in terms of predicting the dependent variable. I assessed the results of the multiple linear regression based on several regression statistical outputs, which included R; R-squared; adjusted R-squared; and beta weights, or *B weights*.

R, also known as Pearson's correlation coefficient r , is the correlation or relationship between two variables (Field, 2013). R-squared (R^2) is a statistical coefficient that represents the percentage of variability in the dependent variables that can be accounted for or explained by the variability in the independent variable, whereas the remaining percentage can be explained by other independent variables not considered in this study (Sherperis, n. d.). Adjusted R-squared accounts for the amount of variance explained by the independent variables identified in the model that impact the dependent

variable (Field, 2013). Beta weights, or “B weights,” are the coefficients, a set of predictor statistics that indicates the proportion of change in the dependent variable (i.e., organizational citizenship behaviors) when assessed with a set of independent variables (i.e., organizational climate dimensions identified as (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support (Levine & Stephan, 2015).

Research Question 2

RQ2: What relationship exists, if any, in organizational citizenship behaviors between leaders and followers in a hospital environment??

H_0 : There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers in a hospital environment.

H_A : There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers in a hospital environment.

Statistically, this research question can be tested via the use of an independent samples t test.

$$H_0: \mu_{\text{leaders}} = \mu_{\text{followers}}$$

$$H_A: \mu_{\text{leaders}} \neq \mu_{\text{followers}}$$

RQ2: Variables. The independent variable in RQ2 and its subsequent hypothesis statements is a dichotomous variable. I classified hospital employees who formally supervise other employees as leaders. I classified hospital employees who do not supervise other employees as followers. I measured the dependent variable, organizational citizenship behaviors, using the 24-item Organizational Citizenship

Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. (2005) evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. The data gathered in order to answer RQ2 was analyzed using an independent t test.

According to Field (2013), an independent t test can be used to determine whether there is a statistically significant difference in means between two unrelated samples (i.e., leaders and followers) on the dependent variable (Field, 2013). Independent samples are unrelated to one another. I classified participants as either leaders or followers but not both. I assessed the results of the independent t test using Levene's test for equality of variance, the t -statistic, means and standard deviations of both groups, and the p value. According to Field, Levene's test for equality of variances is a statistical tool that permits the researcher to assess whether the variances of the two samples are equal. The t -statistic is calculated from the sample data and assists in determining whether the null hypothesis should or should not be rejected (Field, 2013). The mean of the dependent variable (i.e., organizational citizenship behaviors) is the average score, whereas the standard deviation is the extent to which the data values vary in comparison to the mean. Finally, the p value is the likelihood of obtaining a test statistic by chance, provided that the null hypothesis is true.

Research Question 3

RQ3: What relationship exists, if any, in organizational citizenship behaviors between clinical and nonclinical employees in a hospital environment?

H_0 : There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees in a hospital environment.

H_A : There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees in a hospital environment.

Statistically, this research question can be tested via the use of an independent samples t test.

$$H_0: \mu_{\text{clinical}} = \mu_{\text{nonclinical}}$$

$$H_A: \mu_{\text{clinical}} \neq \mu_{\text{nonclinical}}$$

RQ3: Variables. The independent variable in RQ3 and its subsequent hypothesis statements is a dichotomous variable. I classified hospital employees who reported that they provide direct clinical care as clinical employees. I classified hospital employees who reported that they do not provide direct clinical care as nonclinical employees. I measured the dependent variable, organizational citizenship behaviors, using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. (2005) evaluated both instruments and determined that they have met acceptable reliability and

validity standards in order to accurately measure organizational citizenship behaviors and organizational climate. The data gathered in order to answer RQ3 was analyzed using an independent t test.

According to Field (2013), an independent t test can be used to determine whether there is a statistically significant difference in means between two unrelated samples (i.e., clinical and nonclinical employees). Independent samples are unrelated to one another. Individuals were classified as either clinical or nonclinical employees but not both. I assessed the results of the independent t test through the use of Levene's test for equality of variance, the t -statistic, means and standard deviations of both groups, and the p value. According to Field, Levene's test for equality of variances is a statistical tool that permits the researcher to determine whether the variances of the two samples are equal. The t -statistic is calculated from the sample data and assists in determining whether the null hypothesis should or should not be rejected (Field, 2013). The mean of the dependent variable (i.e., organizational citizenship behaviors) is the average score, whereas the standard deviation is the square root of variance, (i.e., the extent to which the data values vary in comparison to the mean). Finally, the p value represents the probability of obtaining a test statistic by chance, provided that the null hypothesis is true.

Confounding variables are variables that are not measured in the study and cannot be controlled but may influence the outcome of the study (Field, 2013). This research study has two confounding variables which included the gender of employees and the size of the organization. First, the gender of employees cannot be controlled and may influence the study in terms of how organizational climate influences organizational

citizenship behaviors; however, gender was not assessed in the questionnaire. Conflicting research exists by researchers concerning the impact gender has on organizational citizenship behavior and organizational climate (Bahrami et al., 2013; Inanc et al., 2015; Teti & Andriotto, 2013; Zhang, 2014). Rather, I collected information from participants based both on their leader and follower roles as well as their clinical and nonclinical roles.

Second, the size of the organization also may influence the relationship between the independent variables (i.e., organizational climate) and the dependent variable (i.e., organizational citizenship behavior). This influence may be the result of the amount of exposure to each of the independent variables. As a result, data were not collected on the size of the hospital in which each employee works.

Threats to Validity

According to Frankfort-Nachmias and Nachmias (2008), validity is the extent to which researchers are able to measure what they intend to measure. Recognizing threats to validity remains a critical function within research studies so that researchers can take steps to minimize or eradicate them. I identified several threats to external, internal, and construct validity that may have influenced the results. Ethical procedures must be followed throughout the entire research study.

External Validity

External validity is the extent to which the results of the study can be generalized to the population (Frankfort-Nachmias & Nachmias, 2008). The population for this study consisted of alumni from targeted public and private colleges located in Ohio who have

graduated with a healthcare degree. Because it was impractical for the purposes of this study to collect data from all alumni in the state of Ohio who have graduated with a healthcare degree, I used a sampling procedure. In order to be able to generalize the results from the sample to the larger population for this study, I used probability sampling. I considered individuals who chose not to participate in the study as non-response. I used a cross-sectional method to collect data, which allowed me to examine the relationship between organizational climate and organizational citizenship behaviors at one point in time. Because I did not use a random sampling approach, my ability to generalize results is limited.

Internal Validity

Internal validity is the extent to which the outcomes of the study are a result of the variables being assessed, as opposed to other variables. Organizations typically reflect several organizational climate factors, such as the formalization or lack of formalization of the organization, presence and acceptance of innovation, the level of adaptability, or the pressure placed on employees to produce. For this study, only (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support were selected as organizational climate dimensions. There is the possibility that other dimensions of the organizational climate have may influenced organizational citizenship behaviors, which may have influenced the data collected through the questionnaire.

All healthcare workers, despite their role (e.g., manager/follower, clinical/nonclinical; Canaday & Hamner, 2008), both influence and are influenced by

workforce shortages (Paquet et al., 2012), continually rising costs (Hess, 2013), and new government legislation (such as the Patient Protection and Affordable Care Act).

Employees are also subject to frequent change initiatives (Schell & Kuntz, 2013) unique to the organizations in which they work. Not only may change initiatives vary from organization to organization, but also these unique historical events have the potential to impact employees differently within the same organization. As a result, these variations can impact the relationship between organizational climate factors and organizational citizenship behaviors.

Finally, there is the possibility that participants who completed the survey are biased. According to Frankfort-Nachmias and Nachmias (2008), response bias occurs when participants do not accurately report their experiences during data collection. There is the possibility that participants did not accurately report their answers, reporting average or extreme answers, when considering organizational climate factors and organizational citizenship behaviors.

Construct Validity

Construct validity assesses the relationship of the instrument to theory. The instrument I selected to measure the independent variable (i.e., organizational climate) was founded on Quinn and Rohrbaugh's (1983) competing values framework, which identifies values that act as a foundation for organizational climates (Yu & Wu, 2009). The original instrument consists of four domains. I selected only one of these four domains for this research study because of the narrowed scope of the research questions. While Patterson et al. (2005) recommended using all the subscales in the questionnaire,

he also supported the use of only one, two, or three of the four domains. I utilized the human relations domain within Patterson et al.'s 84-item OCM to measure organizational climate. The human relations domain consists of seven dimensions: (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support. According to Patterson et al., calculated Cronbach's alpha statistics for the human relations domain are as follows: welfare (0.91), autonomy (0.67), involvement (0.87), effort (0.79), training (0.83), integration (0.86), and supervisory support (0.88). The instrument I selected to measure the dependent variable (i.e., organizational citizenship behavior) conceptually stems from the work of Organ (1988), whom many researchers have recognized as the father of organizational citizenship behavior and who identified the dimensions of altruism, conscientiousness, sportsmanship, courtesy, and civic virtue. According to Organ et al. (2006), the 24-item Organizational Citizenship Behavior Questionnaire captures the constructs that need to be assessed in order to measure organizational citizenship behavior. Organ et al. reported inter-rater reliability ratings averaged across 12 samples as follows: altruism (0.88), courtesy (0.87), conscientiousness (0.85), sportsmanship (0.88), and civic virtue (0.84; Organ et al., 2006).

Ethical Procedures

I followed ethical procedures throughout the entire research project in order to ensure protection of the participants within the legal and ethical parameters that have been established. I obtained approval from the IRB after I successfully defended the proposal. The IRB approval number is 10-12-17-0281123, and it was included in the

communication sent to the Office of Alumni at targeted schools and to participants. Informed consent is required to ensure participants understand their role in the study as well as any risks of participating. Obtaining informed consent involves verification of competence; the promise of voluntarism; comprehension; and the provision of full information, including a description of the processes that will be followed, the purpose of the study, potential risks, potential benefits, potential alternate processes, a promise to answer any questions, and the recognition that participants can withdraw consent and remove themselves from the study at any time during the research process for any reason without penalty (Frankfort-Nachmias & Nachmias, 2008).

I provided participants with informed consent form, which were included when they were contacted by the Office of Alumni. The informed consent form included an overview and description of the purpose of the research project. The informed consent form included information indicating that I would offer a \$6.00 Amazon electronic gift card as compensation for participation in the study and that the questionnaire could be completed at home. The informed consent form included information indicating the estimated time required to complete the questionnaire as well as the website link for the questionnaire. It also included a description of the benefits of the study, a description of potential risks, and the promise of anonymity. The informed consent form specified that there would be no penalty if participants declined to participant or removed themselves from the study at any time or for any reason. I provided my contact information in the event that participants wanted to ask any questions.

I collected data using an online questionnaire created within the SurveyMonkey platform. I embedded a link to the questionnaire within the message that the Office of Alumni (or other representative from each college) sent to alumni requesting participation. Based on the information provided in the introductory, informative recruitment message, I invited alumni to participate if they met the inclusion criteria (i.e., graduated with a healthcare degree from the university and currently were working in a hospital setting for a minimum of 6 consecutive months). I incorporated items that reflected these inclusion criteria in the questionnaire. Individuals who did not meet the criteria were eliminated from the questionnaire. Participants who did meet the criteria were permitted the opportunity to complete the entire questionnaire. The questionnaire was anonymous because participant e-mail addresses were not collected unless the participant wished to have a summary of the result of the study or receive the \$6.00 Amazon electronic gift card. Participants could complete the questionnaire in the comfort of participants' homes, at an office location, or with a smartphone. Only I had access to the SurveyMonkey account established for the sole purpose of the research study. Once participants completed and submitted the questionnaire, only I had access to the data collected.

Summary

In summary, in Chapter 3 I included an overview of the planned research design and rationale, methodology, and threats to validity. I used a quantitative cross-sectional research design to examine (a) potential relationships between organizational climate variables and organizational citizenship behaviors (RQ1), (b) the difference in mean

scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers (RQ2), and (c) the difference in mean scores of the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees within a hospital setting (RQ3). The independent variable in RQ1 is a continuous variable that I measured using the human relations domain, which is comprised of seven climate dimensions and 34 items from Patterson et al.'s (2005) 84-item OCM. I measured the dependent variable, organizational citizenship behaviors, using the 24-item Organizational Citizenship Behavior Questionnaire. The questionnaire was constructed originally by Podsakoff et al. (1990) and later transformed for employee self-reporting by Argentero et al. (2008). The independent variables in RQ2 and RQ3 are nominal variables (i.e., leaders and followers (RQ2) and clinical and nonclinical employees (RQ3), respectively). I measured the dependent variable for RQ2 and RQ3, organizational citizenship behavior, was measured using the 24-item Organizational Citizenship Behavior Questionnaire.

The population I selected for this study consisted of alumni from targeted public and private colleges located in Ohio who have graduated with a healthcare degree. Alumni who graduated from a 2-year or 4-year degree program at a college in Ohio qualified to be recruited for this study and constituted the sampling frame. According to a G*Power Data analysis, the optimal projected sample size for RQ1 was 103 participants, and for RQ2 and RQ3, the optimal projected sample size was 128 participants for each research question. A field test was conducted before data collection began to evaluate the instrument and data collection processes used to investigate both organizational climate and organizational citizenship behaviors.

I used multiple linear regression to assess the data collected for RQ1. I used an independent t test to assess the data collected for both RQ2 and RQ3. I also assessed threats to reliability and validity. Finally, I discussed ethical procedures, such as informed consent and anonymity, in detail.

I included in Chapter 3 the methods that were used to conduct this research study. The main sections that comprise Chapter 3 include the research design and rationale. More specifically, Chapter 3 includes information about the population, sampling procedures, recruitment procedures, data collection methods, and data analysis procedures. This chapter further includes a description of two instruments that I used to measure both the independent variables and dependent variables (i.e., organizational climate behaviors, and organizational citizenship behaviors, respectively). This chapter includes the data collection methods and data analysis methods I used to analyze data for all the research questions. It also includes threats to both external and internal validity. The chapter concludes with an assessment of ethical procedures involving participants and data collection.

Chapter 4 includes a comprehensive review of the data and the results of the analysis of organizational climate factors and organizational citizenship behaviors within the healthcare industry. More specifically, Chapter 4 includes a description of the field test employed prior to data collection and the results of the data analysis in relation to each research question.

Chapter 4: Results

Despite research studies indicating that enhanced organizational effectiveness has been related to organizational citizenship behaviors, researchers have not fully identified or completely understood the factors that influence and promote the display of organizational citizenship behaviors, especially within the healthcare industry (Dekas et al., 2013). The purpose of this cross-sectional quantitative study was to examine the possible relationships between organizational climate factors and organizational citizenship behaviors of employees at hospitals within the United States. The following three research questions and hypotheses guided this study:

Research Question 1

RQ1: What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment?

H_0 : There is no relationship between the dimensions of human relations and organizational citizenship behaviors of employees in a hospital environment.

H_A : There is a relationship between the dimensions of human relations and organizational citizenship behaviors of employees in a hospital environment.

Research Question 2

RQ2: What relationship exists, if any, in organizational citizenship behaviors between leaders and followers in a hospital environment?

H_0 : There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers.

H_A : There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers.

Research Question 3

RQ3: What relationship exists, if any, in organizational citizenship behaviors between clinical and nonclinical employees in a hospital environment?

H_0 : There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees.

H_A : There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees.

I divide Chapter 4 into the following four sections: field test, data collection, results, and summary. In this chapter, I describe and explain the field testing process. I also describe the data collection process, including the time frame for data collection, the recruitment process and response rates, discrepancies between methods that were proposed and procedures that actually occurred, demographic characteristics of the sample, and the degree to which the sample represents the population. I then present the results for each research question followed by a summary of the chapter.

Field Test

I conducted a field test before initiating the data collection process to evaluate the instrument that I used to measure both organizational climate and organizational citizenship behaviors. As part of the field-testing process, I recruited volunteers who were not participants in the study to complete the 65-item questionnaire. The field test assessed the clarity of the items in the questionnaire, the layout and formatting of the

questionnaire, the time required to complete the questionnaire, and any other potential problems that could be anticipated prior to the actual data collection process. I debriefed the volunteers following the field test to assess their overall experience. The volunteers self-recorded the amount of time required to complete the questionnaire, and I made any necessary adjustments to the instrument based on the information I gathered during the field test. After gathering data from the volunteers, I made only minor modifications to the layout of the questionnaire within SurveyMonkey in order to increase clarity.

Data Collection

The data collection process consisted of the following steps. First, I gathered information to identify all of the colleges and universities in Ohio that offered either a 2- or 4-year healthcare degree. I organized this information into an Excel document that identified the name of the college or university; the dates of contact, the names, e-mail addresses, and phone numbers of the contact; and the outcome of the e-mails and phone calls. Next, I contacted all of the colleges and universities that I had identified. My preferred method of initial contact was via phone, but I also e-mailed information to individuals at these colleges and universities in the event they were not available via phone. During the phone call, I shared information about the study and answered any questions. I also sent a follow-up e-mail to representatives at each institution that included additional information concerning the research study and a recruitment message that could be sent out to the alumni.

I collected data between October 2017 and February 2018. Approximately 2 weeks after initiating the data collection process, I decided to offer a \$6.00 electronic

Amazon gift card as an expression of appreciation to those alumni who completed the questionnaire. Because the gift card deviated from the previously approved data collection procedure, I followed the required protocol to obtain approval from the institutional review board to implement distribution of the gift card. During the one week required to obtain IRB approval for this modification, I discontinued data collection. I resumed the data collection process immediately upon receiving approval from the institutional review board.

Summary Statistics

As shown in Table 2, I identified 173 Ohio colleges and universities that offered a 2- or 4-year clinical or nonclinical healthcare degree. Of the 173 colleges and universities, I eliminated 43 colleges and universities from the list because (a) the college or university had closed, (b) the college or university was in the process of closing, or (c) the college or university offered only a diploma degree or certification. A total of 100 colleges and universities that I contacted via phone, e-mail, or both did not respond; 15 colleges and universities indicated that they were unable to participate in the research due to limited resources or concern about a lack of alumni response; and 15 colleges and universities agreed to participate.

Table 2

Colleges and Universities Contacted in Ohio and Responses Received

Response Type	Number of Colleges or Universities
Not open, closing soon, or offer only diploma degrees or certifications	43
No response following e-mail, phone call, or both	100
Stated would not participate	15
Participated	15

The 15 colleges that agreed to participate were located throughout the state of Ohio. They ranged in the type of degree programs offered. The 15 colleges and universities that participated in the study were Athena Career Academy; Bowling Green State University, Firelands Campus; Bryant & Stratton College, Akron Campus; Bryant & Stratton College, Cleveland Campus; Bryant & Stratton College, Eastlake Campus; Bryant & Stratton College, Parma Campus; Eastern Gateway Community College; Firelands Regional Medical Center School of Nursing; Ohio Business College, Sheffield Campus; Ross College, Sylvania Campus; Sinclair College; Stautzenberger College, Brecksville Campus; Stautzenberger College, Maumee Campus; Terra State Community College; and Tiffin University.

A summary of the number of alumni to which the SurveyMonkey link was distributed at each college or university appears in Table 3.

Table 3

Colleges and Universities that Participated and the Number of Alumni Contacted

College or University	Number of Alumni Contacted
Athena Career Academy	21
Bowling Green State University, Firelands Campus	600
Bryant & Stratton College, Akron, Cleveland, Eastlake, and Parma Campus	1600
Eastern Gateway Community College	4000
Firelands Regional Medical Center School of Nursing	160
Ohio Business College, Sheffield Campus	180
Ross College, Sylvania Campus	399
Sinclair College	1757
Stautzenberger College, Brecksville Campus	8
Stautzenberger College, Maumee Campus	316
Terra State Community College	251
Tiffin University	111
Total	9403

A total of 486 alumni clicked on the SurveyMonkey link that was sent to them via the college or university from which they graduated and attempted to complete the questionnaire. Of the 486 individuals who clicked on the SurveyMonkey link, I disqualified 268 participants (i.e., cases). I disqualified participants (a) if they responded “no” to either of the two the following questions: “For the last 6 consecutive months, have you worked in the same hospital?” or “Have you graduated from a college or university earning either a 2- or 4-year healthcare degree?”, (b) if they selected “I do not consent” to completing the questionnaire; or (c) if they did not complete the questionnaire in its entirety. I eliminated the initial case because I used it as a test to ensure that the responses were being accurately recorded in SurveyMonkey. The total number of completed valid questionnaires resulted in 218 cases. A G*Power Analysis (see Table 1) identified the minimum preferred sample size for each of the three research

questions. Table 4 notes the actual sample size compared to the minimum preferred sample size.

Research Question 1

What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment? The calculated minimum preferred sample size was 103 participants, and 218 participants completed the questionnaire, which was 115 more participants than the minimum preferred sample size.

Research Question 2

What relationship exists, if any, in organizational citizenship behaviors between leaders and followers in a hospital environment? The minimum preferred sample size was a combined 128 participants, (64 leaders and 64 followers). The total number of leaders that completed the survey was 72, which was 8 more participants than the minimum preferred sample size. The total number of followers that completed the survey was 146, which was 82 more participants than the minimum preferred sample size.

Research Question 3

What relationship exists, if any, in organizational citizenship behaviors between clinical and nonclinical employees in a hospital environment? The minimum preferred sample size was a combined 128 participants, (64 clinical and 64 nonclinical participants). However, 167 clinical employees completed the questionnaire, which was 103 more participants than the minimum preferred sample size. The total number of

nonclinical employees that completed the survey was 51, falling short of the minimum preferred sample size by 13 participants.

Table 4

Minimum Preferred and Actual Sample Sizes for Each Research Question

Research Question	Minimum Preferred Sample Size	Actual Sample Size	Difference + or – in Preferred Sample
Research question 1	103	218	+115
Research question 2	128 total	218 total	+90 total
	64 leaders	72 leaders	+8 leaders
	64 followers	146 followers	+82 followers
Research question 3	128 total	218 total	+90 total
	64 clinical	167 clinical	+103 clinical
	64 nonclinical	51 nonclinical	-13 nonclinical

Representation of the Population

While a population can be defined as all elements that meet a certain set of established criteria, a sample is a subset of the identified population (Frankfort-Nachmias & Nachmias, 2008). The sampling frame sets the parameters for the criteria of the participants. Alumni who graduated from a 2- or 4-year healthcare degree program at a college or university in Ohio constituted the sampling frame and qualified to be recruited for this study. Qualified participants were required to be currently employed at a hospital for a minimum of 6 months.

Sampling can be further defined by the manner in which samples are selected. Probability sampling permits the potential inclusion of all members of the population in the sample, whereas in non-probability sampling, not all members of the population have an equal chance of being included within the sample (Frankfort-Nachmias & Nachmias, 2008). In order to be able to generalize sample results to the larger population for this

study, I used probability sampling. I contacted the Office of Alumni at private and public colleges in Ohio that offered clinical or nonclinical 2-year and 4-year healthcare degrees (see Appendix A).

External validity is the extent to which the results of the study can be generalized to the population (Frankfort-Nachmias & Nachmias, 2008). Initially, I determined that it would be impractical for the purposes of this study to collect data from all alumni in the state of Ohio who have graduated with a healthcare degree. Therefore, I planned a sampling procedure. To be able to generalize the results from the sample to the larger population for this study, I used probability sampling. I considered individuals who chose not to participate in the study as non-responses. I used a cross-sectional method to collect data that would help identify important relationships between organizational climate factors and organizational citizenship behaviors at one point in time.

I altered the original plan noted above if I received a lack of participant responses, a lack of responses from colleges and universities when I initially contacted them, or denial from the Office of Alumni after I contacted them. All colleges that offered a 2- or 4-year degree were contacted to be a part of the study.

Study Results

I collected data with the help of an online questionnaire created through the SurveyMonkey data collection platform. Although I used items from two different questionnaires to collect data (i.e., the human relations domain [comprised of seven climate dimensions] of Patterson et al.'s (2005) 34 questions from the 84-item OCM and the 24-item Organizational Citizenship Behavior Questionnaire), I complied these items

into one SurveyMonkey questionnaire. In the remaining items, I collected information related to the following: consent, employment, role held, and whether participants wanted to receive a summary of the results of the study and an electronic gift card. I calculated descriptive statistics for each of the variables used to analyze the three research questions (see Table 5). I did not utilize partial data in the analyses. I created all of the dimensions noted in Table 5 using the sum of scores rather than the means. Using the sum of scores provided a wider range of values, which provided more explanatory power.

Table 5

Descriptive Statistics of the Dimensions of Organizational Climate and Organizational Citizenship Behaviors

	Organizational Citizenship Behavior	Autonomy	Integration	Involvement	Supervisory Support	Training	Welfare	Effort
n: Valid	218.00	214.00	214.00	207.00	207.00	205.00	205.00	205.00
n: Missing	268.00							
Mean	148.12	12.70	14.22	15.49	15.01	11.60	11.59	14.53
Median	150.00	13.00	15.00	16.00	15.00	12.00	12.00	15.00
Standard Deviation	12.25	2.82	2.87	3.66	3.14	2.73	2.57	2.78
Variance	150.00	7.96	8.26	13.41	9.83	7.43	6.61	7.72
Range	70.00	14.00	15.00	18.00	14.00	12.00	12.00	15.00
25 th percentile	142.00	11.00	12.00	13.00	14.00	10.00	10.00	15.00
50 th percentile	150.00	13.00	15.00	16.00	15.00	12.00	12.00	15.00
75 th percentile	157.00	15.00	16.00	18.00	17.00	13.00	13.00	16.00

Research Question 1

RQ1: What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment?

H_0 : There is no relationship between the dimensions of human relations and organizational citizenship behaviors of employees in a hospital environment.

H_A: There is a relationship between the dimensions of human relations and organizational citizenship behaviors of employees in a hospital environment.

To answer Research Question 1, I conducted multiple linear regression analysis. According to Levine and Stephan (2015), multiple linear regression is a statistical tool that examines whether the dependent variable (i.e., organizational citizenship behaviors) can be predicted from the independent variables (i.e., organizational climate dimensions identified as (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support). The results of multiple regression analysis indicate the strength of relationships between variables and the statistical significance of each independent variable in terms of its ability to predict the dependent variable. Multiple linear regression also provides information concerning the overall fit of the model and the contribution of each of the predictors (i.e., organizational climate dimensions) to the total variance explained.

I conducted a stepwise multiple regression in this data analysis to assess the human relations dimensions of (a) welfare, (b) autonomy, (c) involvement, (d) effort, (e) training, (f) integration, and (g) supervisory support as predictors of organizational citizenship behavior. According to Field (2013), stepwise multiple regression first identifies the best predictor, then identifies the next independent variable that adds significantly to the explanatory power of the first variable. This process continues until no additional variables meet the criteria for entry into the regression equation. If independent variables are highly correlated, they are eliminated by the stepwise multiple regression process because they do not contribute any additional explanatory power to the

adjusted R-squared value (Field, 2013). Adjusted R-squared describes the amount of variance explained by the independent variables identified in the model that impact the dependent variable (Field, 2013).

Because I conducted the stepwise multiple regression procedure in SPSS for this first research question, I included diagnostic results both for collinearity and the Durbin-Watson test. According to Field (2013), the Durbin-Watson statistic assesses for serial correlations between errors, which can lead to the conclusion that predictors are significant when in fact they may not be. A conservative rule of thumb is that preferably the Durbin-Watson statistic value falls within the range of 1 and 3. In this analysis, the Durbin-Watson statistic of 2.185 indicated that there is independence of observations in the data.

I examined partial regression plots (as shown in Figures 1, 2, and 3). A moderate linear relationship existed between the independent variables of effort, integration, and autonomy (which were retained by the stepwise multiple regression procedure) and organizational citizenship behavior (i.e., the dependent variable).

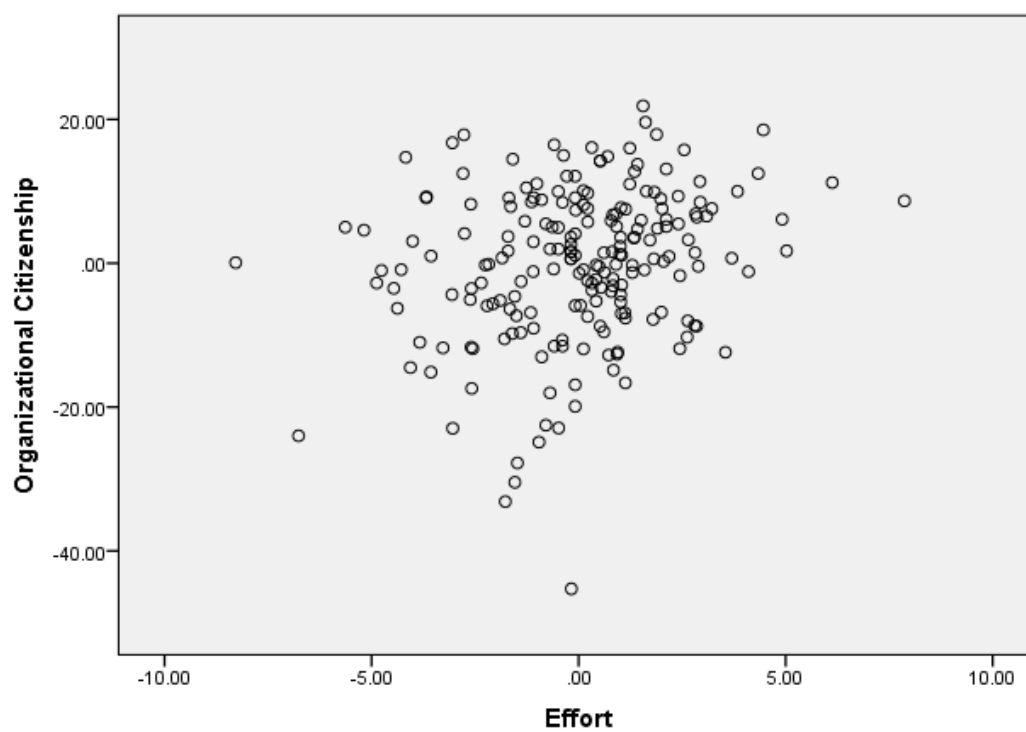


Figure 1. Partial regression plot assessing effort and organizational citizenship behaviors.

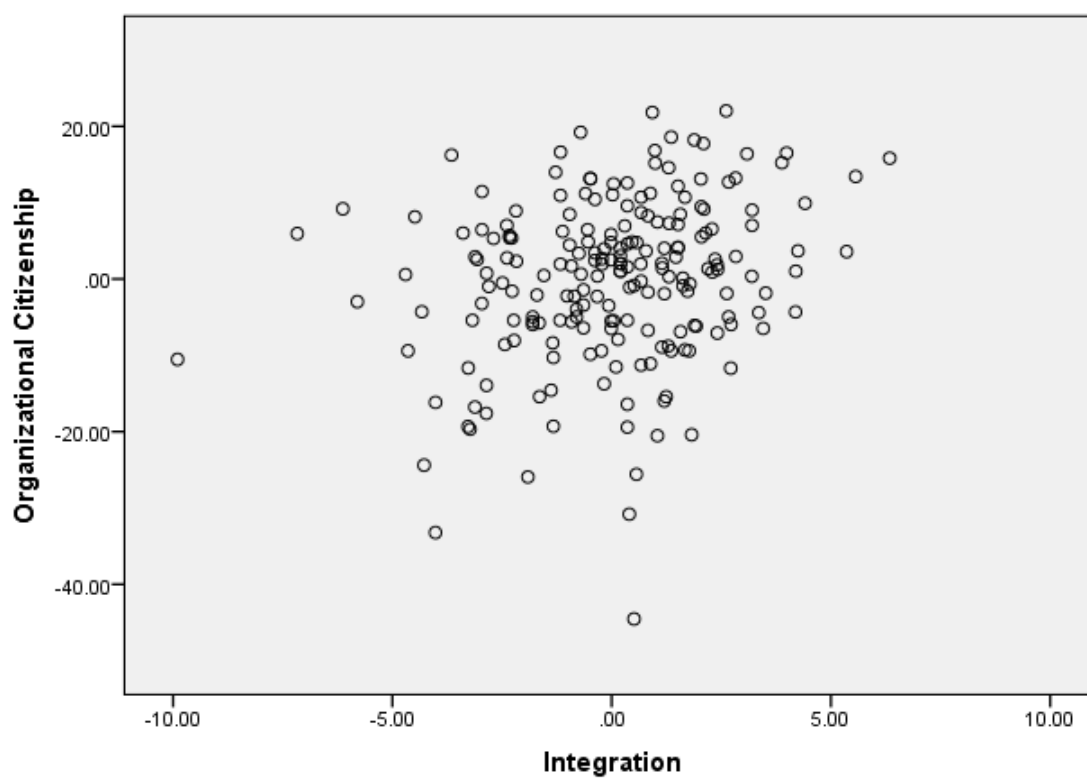


Figure 2. Partial regression plot assessing integration and organizational citizenship behaviors.

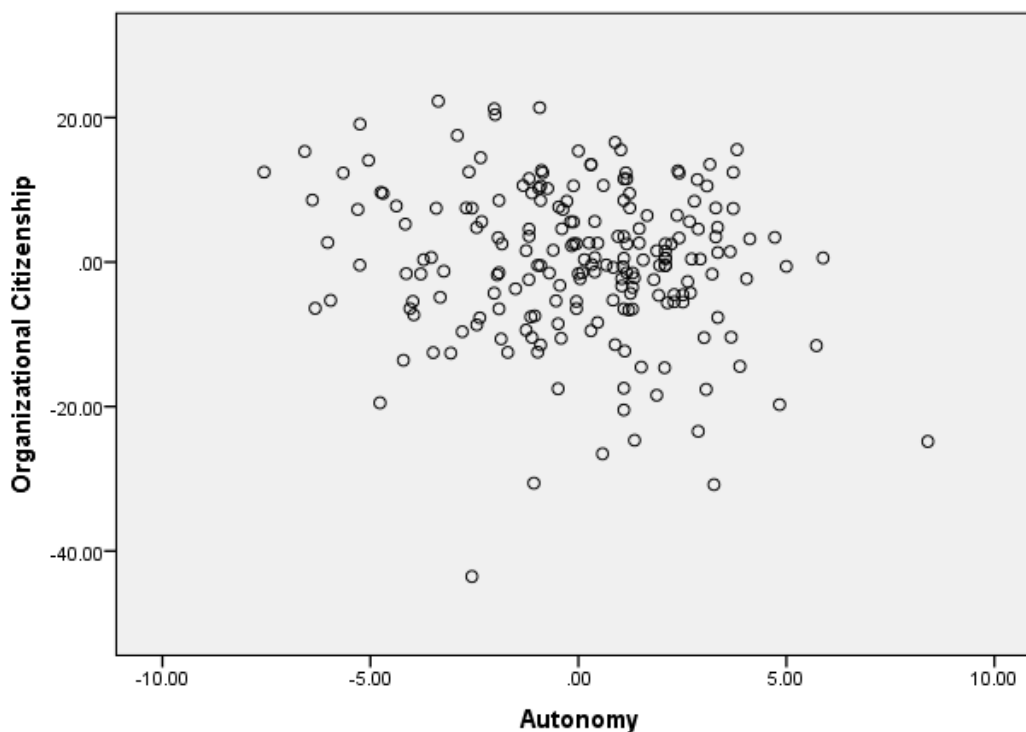


Figure 3. Partial regression plot assessing autonomy and organizational citizenship behaviors.

When conducting linear regression, one assumption is that the relationship between the independent variables and dependent variables is linear. To assess the relationship between all of the independent variables collectively and the dependent variables, I created a plot of unstandardized predicted values vs. studentized residuals (see Figure 4). While Figure 4 shows a horizontal band (from left to right) indicating a general linear relationship, the distribution was not even along the line and somewhat “funneled” on the right side of the plot. Ideally, the values should be evenly distributed above and below the line; however, the funnel shape indicates that they are tapering and thus unevenly distributed. This could indicate that the variances change at different points

on the line, a possible violation of homoscedasticity of error variances. Ideally, the variance should be the same at each level of predictor.

Because this “funneling” indicated a possible violation of homoscedasticity, I determined that a weighted least squares (WLS) multiple regression should be conducted. WLS multiple regression permits the weighting of cases by its variance (Field, 2013), eliminating or significantly reducing the heteroscedasticity of error variances. Figure 4 also shows some cases with studentized residuals below -3, as show below in the Casewise Diagnostic Chart (see Table 6). I retained Case number 292 because the value of the studentized residual was very close to -3. I also decided to retain case number 133 as well because the WLS process adjusts each case by the predictor error, and thus it would not pose a threat to the integrity of the analysis. An adjustment in numbers is indicated due to the removal of Case 106, which has been identified as an outlier.

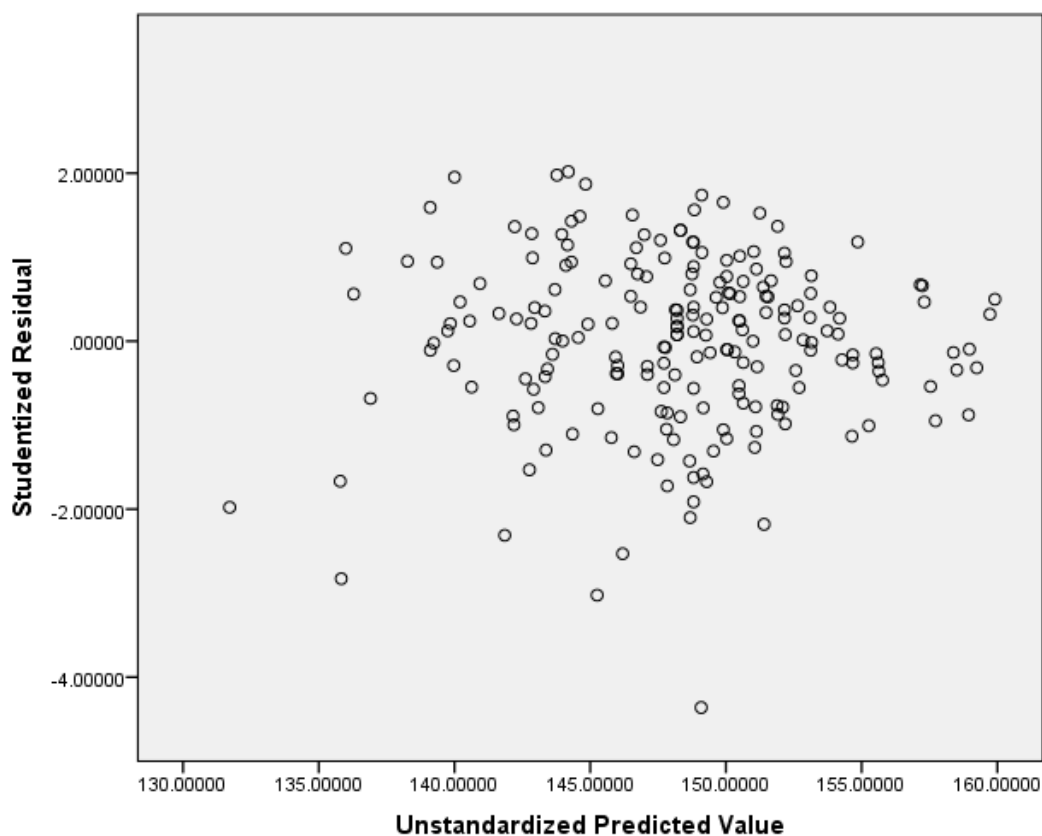


Figure 4. Plot of unstandardized predicted values and studentized residuals.

Table 6

Casewise Diagnostics for OLS (Ordinary Least Squares) Multiple Regression Run (for Outlier Detection)

Casewise Diagnostics ^a				
Case number	Std. Residual	Organizational Citizenship Behavior (dependent variable)	Predicted Value	Residual
133 (originally 134)	-4.341	104.00	149.0882	-45.08819
292 (originally 293)	-3.009	114.00	145.2558	-31.25578

Note. Dependent Variable = Organizational Citizenship Behavior

The second assumption that I needed to examine in order to conduct a multiple linear regression analysis is the degree to which multicollinearity may exist. This assumption assesses whether there is a strong correlation between two or more predictor variables. In order to assess multicollinearity, the correlations between independent variables must be calculated, preferably not exceeding an absolute value of 0.9 (Field, 2013). I show, in Table 7, the correlations among the independent variables as well as between each of the independent variables and the dependent variable.

Table 7

Correlations for Both the Independent Variables and Dependent Variable

	Organizational Citizenship Behavior	Autonomy	Integration	Involvement	Supervisory Support	Training	Welfare	Effort
Pearson Correlations								
Organizational Citizenship Behavior	1.000	-0.009	0.370	0.231	.0244	0.309	0.230	0.369
Autonomy	-0.009	1.000	0.285	0.422	0.424	0.277	0.288	0.251
Integration	0.370	0.285	1.000	0.603	0.516	0.467	0.516	0.550
Involvement	0.231	0.422	0.603	1.000	0.672	0.687	0.698	0.607
Supervisory Support	0.244	0.424	0.516	0.672	1.000	0.564	0.634	0.581
Training	0.309	0.277	0.467	0.687	0.564	1.000	0.677	0.638
Welfare	0.230	0.288	0.516	0.698	0.634	0.677	1.000	0.616
Effort	0.369	0.251	0.550	0.607	0.581	0.638	0.616	1.000
Sig. (1-tailed)								
Organizational Citizenship Behavior		0.449	0.000	0.000	0.000	0.000	0.000	0.000
Autonomy	0.449		0.000	0.000	0.000	0.000	0.000	0.000
Integration	0.000	0.000		0.000	0.000	0.000	0.000	0.000
Involvement	0.000	0.000	0.000		0.000	0.000	0.000	0.000
Supervisory Support	0.000	0.000	0.000	0.000		0.000	0.000	0.000
Training	0.000	0.000	0.000	0.000	0.000		0.000	0.000
Welfare	0.000	0.000	0.000	0.000	0.000	0.000		0.000
Effort	0.000	0.000	0.000	0.000	0.000	0.000	0.000	

While significant correlations were identified among the independent variables, none of them met or exceeded the threshold of 0.90, which would indicate that they could

potentially be eliminated from input into the regression equation (see Table 7).

Additionally, the stepwise multiple regression model ensures that multicollinearity will not exist in the final equation.

Next, I examined the tolerance/VIF values (see Table 8). All values were greater than .1, satisfying the assumption that no multicollinearity existed among variables.

Table 8

Collinearity Diagnostics for OLS (Ordinary Least Squares) Multiple Regression Model

Model	Collinearity Statistics: Tolerance	Collinearity Statistics: VIF
1		
(Constant)	-	-
Integration	1.000	1.000
2		
(Constant)		
Integration	0.697	1.434
Effort	0.697	1.434
3		
(Constant)		
Integration	0.674	1.483
Effort	0.688	1.454
Autonomy	0.906	1.104

Note. Dependent Variable = Organizational Citizenship Behavior

Next, I assessed normality. I examined residuals errors to ensure that they were normally distributed (see Figure 5). The Normal Q –Q plot of studentized residuals showed an excellent fit to the normal distribution. The slight variations from normality were adjusted by the weighted least squares regression procedure.

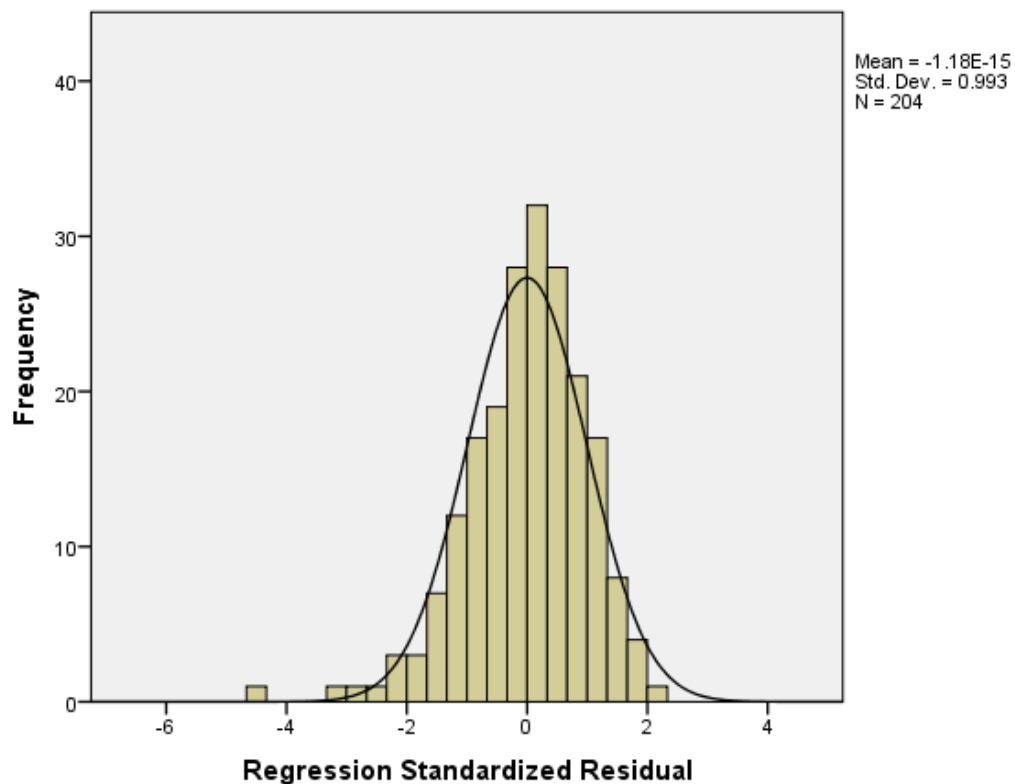


Figure 5. Normal Q-Q histogram of studentized residuals.

Additionally, the P-P plot of regression standardized residuals showed a close fit to a straight line, indicating that the assumption that residuals must be approximately normally distributed was satisfied (see Figure 6).

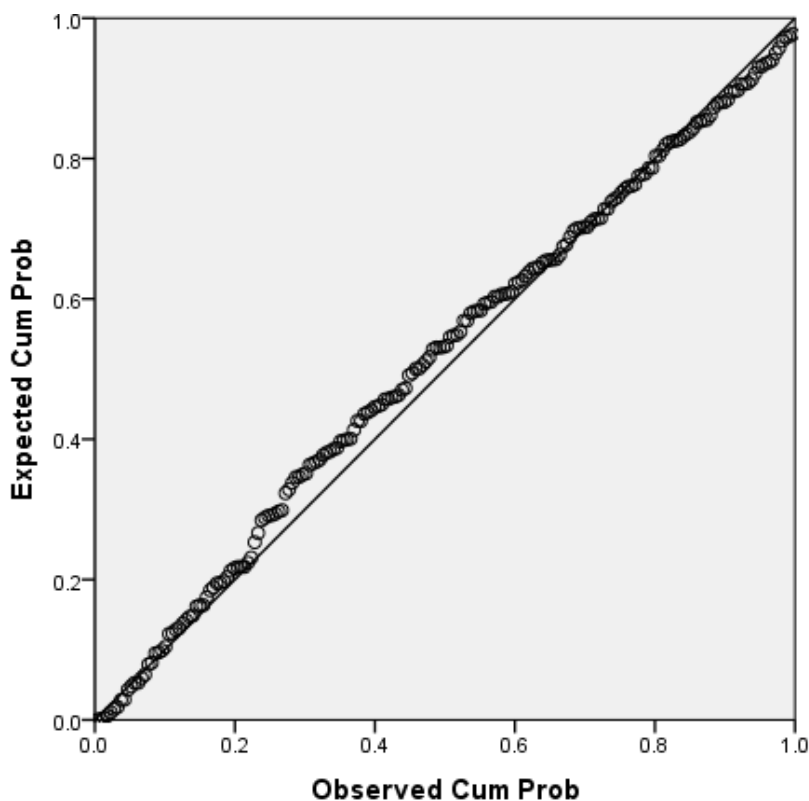


Figure 6: Normal P-P plot of regression standardized residuals.

The final assumption I needed to examine in order to conduct a multiple linear regression is the ratio of cases to predictors. According to Morrow (n. d.), a sample size should be achieved in which N is greater than or equal to $104 + M$, where M is the number of predictors in the multiple regression. According to Morrow, a minimum of $104 + 7 = 111$ cases was necessary, and the current sample size was 218; therefore, the current sample size exceeded the minimum requirement by 107 cases.

In summary, only the assumptions of homoscedasticity of error variance and the presence of outliers were not satisfied. To correct these issues, I re-ran the multiple regression as a weighted least squares (WLS) regression. WLS regression adjusts the database cases by the amount of prediction error associated with them and provides

unbiased standard errors for testing the significance of the regression coefficients. WLS regression evens out the residuals and improves the predictability of the final multiple regression equation. Because the outliers were adjusted by the weighted analysis (with the exception of Case 106), they did not need to be removed. Results of the WLS regression are shown in Table 9.

Table 9

Weighted Least Squares Regression

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.403	0.162	0.158	1.30033	
2	.448	0.201	0.193	1.27303	2.208

Note. Predictors for Model 1 = (Constant), Effort; Predictors for Model 2: (Constant), Effort, Integration; Dependent Variable = Organizational Citizenship Behavior; Weighted Least Squares Regression is weighed by WEIGHT

The adjusted R-Square of Model 2, which includes a constant and the variables of effort and integration, is shown in Table 9. Note that the dimension of autonomy was not selected by the stepwise procedure for the multiple regression analysis using a WLS regression equation, although it had been entered in the OLS equation. The adjusted R-Square of 0.193 indicates that nearly one-fifth of the variance in organizational citizenship behavior can be predicted by the variables of effort and integration as well as by a constant. Also, note that the Durbin-Watson statistic remained in the range of 1 to 3, indicating independence of observations.

The ANOVA results (see Table 10) indicated that both variables (i.e., effort and integration) were significant predictors ($p < 0.05$). Therefore, I rejected the null hypothesis and concluded that there is a relationship between the human relation dimension and organizational citizenship behaviors of employees in a hospital environment.

Table 10

ANOVA

ANOVA					
Model	Sum of Square	Df	Mean Square	F	Sig.
1					
Regression	66.075	1	66.075	39.078	.000
Residual	341.554	202	1.691	-	-
Total	407.629	203	-	-	-
2					
Regression	81.88	2	40.944	25.265	.000
Residual	325.741	201	1.621	-	-
Total	407.629	203	-	-	-

Note. Dependent Variable = Organizational Citizenship Behavior; Weighted Least Squares Regression is weighted by WEIGHTS; Model 1 Predictors = (Constant), Effort; Model 2 Predictors = (Constant), Effort, Integration

As a final step, I calculated the regression coefficients for use in constructing a predictive model (see Table 11). Based on these results, a model for predicting organizational citizenship behavior would be as follows: $119.35 + 1.14 (\text{Effort}) + 0.86 (\text{Integration})$.

Table 11

ANOVA Predictive Model

Model	Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence Interval for B	
	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
1							
(Constant)	124.334	4.163	-	29.869	0.000	116.126	132.542
Effort	1.643	0.263	0.403	6.251	0.000	1.124	2.161
2							
	B	Std. Error	Beta	t	Sig.	Lower Bound	Upper Bound
(Constant)	119.346	4.377	-	27.267	0.000	110.715	127.977
Effort	1.144	0.303	0.280	3.781	0.000	0.547	1.741
Integration	0.862	0.276	0.232	3.124	0.002	0.318	1.406

Note. Dependent Variable = Organizational Citizenship Behavior; Weighted Least Squares Regress is weighted by WEIGHT

Research Question 2

The purpose of Research Question 2 was to determine if there are differences between leaders and followers in organizational citizenship behaviors. To assess the differences, I determined that an independent *t* test would be the appropriate analysis for the second research question and subsequent hypothesis statements.

RQ2: What relationship exists, if any, in organizational citizenship behaviors between leaders and followers in a hospital environment?

H_0 : There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers.

H_A : There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers.

Following are the descriptive statistics for leaders vs. followers for the dependent variable (i.e., organizational citizenship behavior; see Table 12).

Table 12

Descriptive Statistics of Leaders vs. Followers for the Organizational Citizenship Behaviors Variable

Leaders vs. Followers	n	Mean	Std. Deviation	Std. Error Mean
Organizational Citizenship Behavior				
Leaders	71	149.66	12.41	1.47
Followers	146	147.71	11.47	0.95

To conduct an independent t test, I needed to consider several assumptions. First, according to Morrow (n.d.), each of the observations must be independent of one another. This assumption was met by the design of the research study.

A second assumption I considered was outliers. To assess if there were any significant outliers, I created a box-plot in SPSS (see Figure 7). SPSS indicates which outliers are extreme, and I determined *a priori* that I would delete any extreme outliers for this analysis.

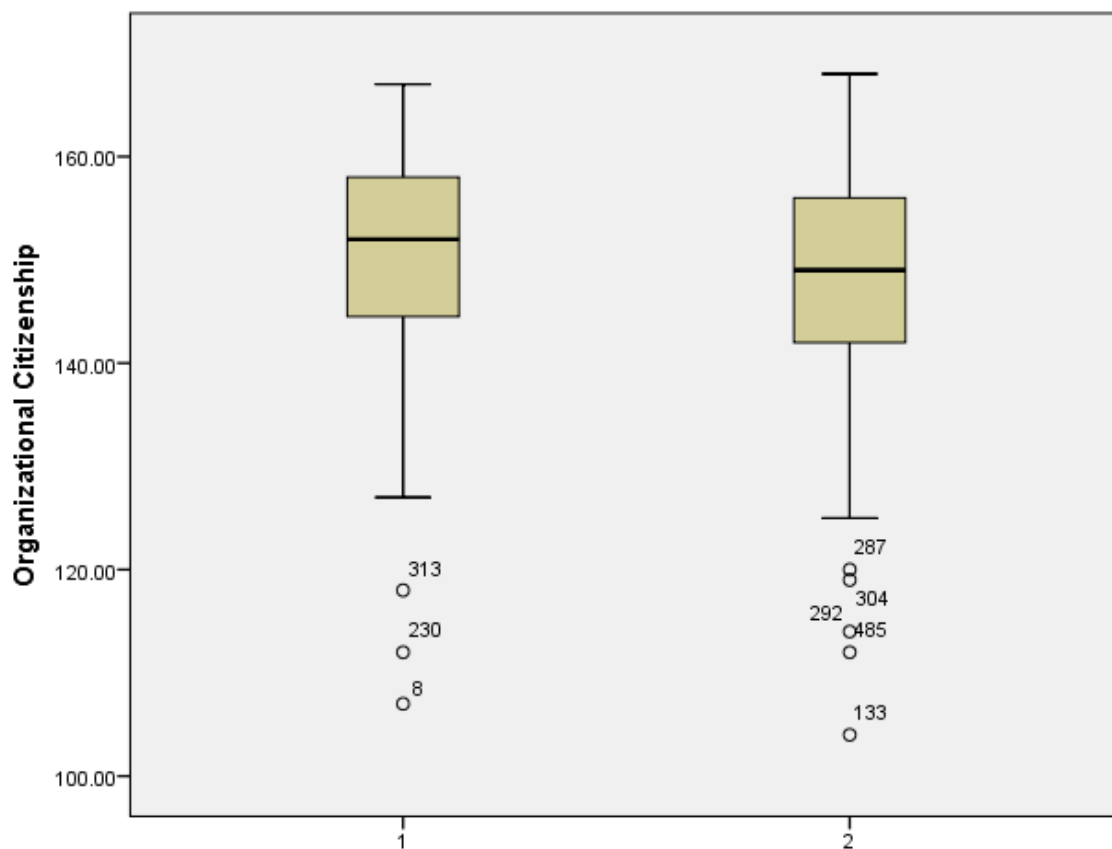


Figure 7. Box-plot for organizational citizenship behaviors of leaders (1) vs. followers (2).

While SPSS identified several outliers, none of them were extreme outliers. I previously had removed Case 106 because it was an extreme outlier in the analysis for RQ3. To ensure that data were consistent, I re-ran analyses for the other research questions without Case 106. Data throughout the analysis reflect the fact that I removed Case 106.

The next assumption I addressed is that the populations from which the sample is drawn is normally distributed. I assessed normality using the Shapiro-Wilk test. The

Shapiro-Wilk test indicates whether the sample originated from a normally distributed population. If a group shows non-significant results, there is normality within the distribution of that group. In this case, both groups indicated a deviation from normality ($p < 0.05$; Table 13). However, because the t test is robust, no data transformation was made.

Table 13

Shapiro-Wilk Test to Assess Normality of Leaders and Followers

	Statistic	Df	Sig.
Organizational Citizenship Behavior			
Leaders	0.897	71	0.000
Followers	0.957	146	0.000

The data did not violate the assumption of equal variances as indicated by the results of a Levene's Test (see Table 14).

Table 14

Levene's Test for Equality of Variances of Leaders and Followers

Organizational Citizenship Behavior	Levene's Test for Equality of Variances		T-test for Equality of Means						
	F	Sig.	t	Df	Sig. (2-tailed)	Mean Differences	Std. Errors	95% Confidence Interval of the Difference	
								Lower	Upper
Equal variances assumed	0.11	0.74	1.14	215	0.25	1.95	1.70	-1.41	5.31
Equal variances not assumed	-	-	1.11	129.46	0.268	1.95	1.75	-1.52	5.42

I conducted an independent-samples t test to determine if there were statistically significant differences in scores on the Organization Citizenship Behavior questionnaire between leaders and followers. The results indicated that there were no statistically significant differences, $t(215) = 1.14, p = 0.25$. Therefore, I fail to reject the null hypothesis that states that there is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers in a hospital environment.

Research Question 3

The purpose of Research Question 3 was to determine whether there are differences between clinical and nonclinical employees in organizational citizenship behaviors.

RQ3: What relationship exists, if any, in organizational citizenship behaviors between clinical and nonclinical employees in a hospital environment?

H_0 : There is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees.

H_A : There is a difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees.

To assess the differences between clinical and nonclinical employees in a hospital environment, I determined that an independent t test would be the appropriate analysis for the second research question and subsequent hypothesis statements. Following are the descriptive statistics for clinical vs. nonclinical employees for the dependent variable (i.e., organizational citizenship behavior; see Table 15).

Table 15

Descriptive Statistics of Clinical vs. Nonclinical Employees for the Organizational Citizenship Behaviors Variable

Clinical vs. Nonclinical	n	Mean	Std. Deviation	Std. Error Mean
Organizational Citizenship Behavior				
Clinical	166	148.99	10.97	0.85
Nonclinical	51	146.25	14.01	1.97

Next, there should be no significant outliers. To assess if there were any significant outliers for clinical and nonclinical employees, I created a box-plot in SPSS (see Figure 8). The SPSS program indicates which outliers are extreme, and I determined *a priori* that I would delete any extreme outliers.

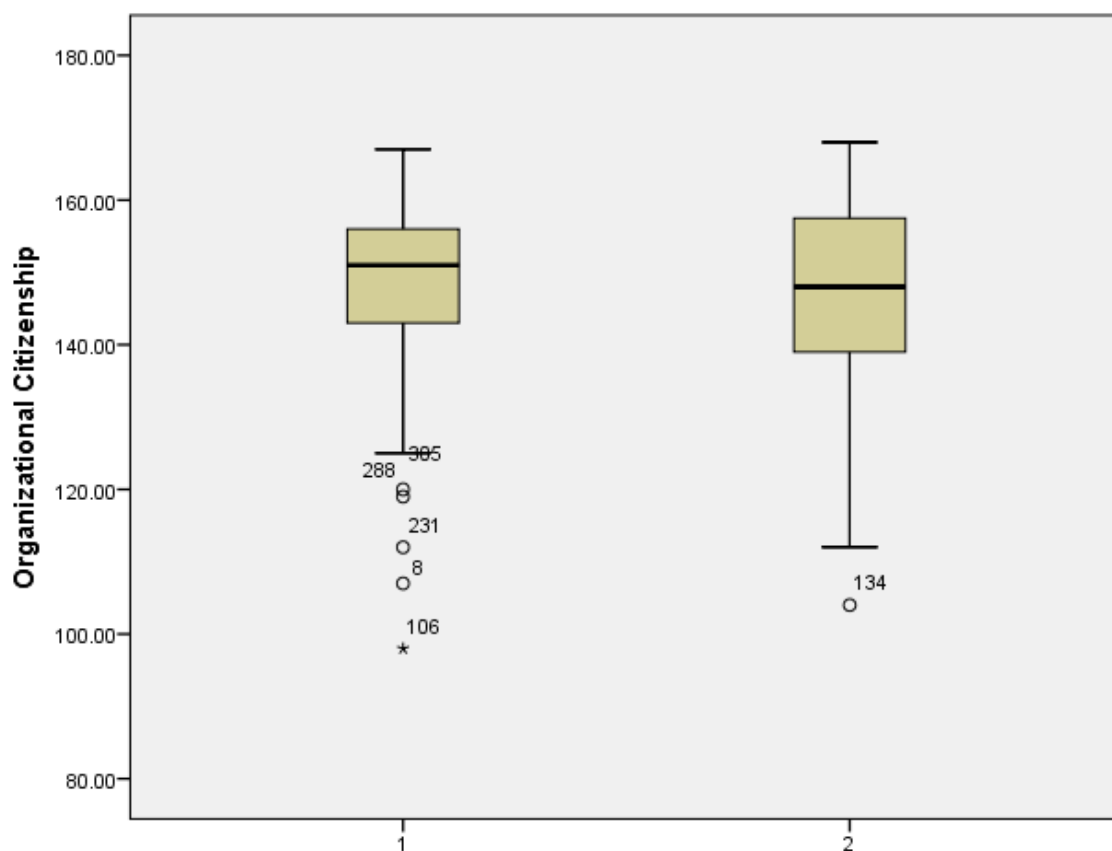


Figure 8. Box-plot for organizational citizenship behaviors of clinical employees (1) vs. nonclinical employees (2).

The box plot showed one extreme outlier for clinical staff: Case 106. I eliminated this case from the dataset. To ensure that all data were consistent, I re-ran analyses for the other research questions without this case. Data throughout the analysis reflect the fact that I removed Case 106. The group statistics shown in Table 15 do not include the extreme outlier.

The next assumption I addressed is that the population from which the sample is drawn is normally distributed. I assessed normality using the Shapiro-Wilk test. The Shapiro-Wilk test indicates whether the sample originated from a normally distributed

population. The Shapiro-Wilk test indicates that when using a random sample, the sample originated from a normally distributed population. If a group shows non-significant results, there is normality within the distribution of that group. In this case, both groups showed a deviation from normality ($p < 0.05$; see Table 16). However, because the t test is robust, no data transformation was made.

Table 16

Shapiro-Wilk Test to Assess Normality of Clinical and Nonclinical Employees

		Statistic	Df	Sig.
Organizational Citizenship Behavior	Clinical	0.948	166	0.000
	Nonclinical	0.935	51	0.008

The data did not violate the assumption of equal variances as noted in the Levene's Test (see Table 17).

Table 17

Levene's Test for Equality of Variances of Clinical and Nonclinical Employees

	Levene's Test for Equality of Variances		T-test for Equality of Means		Sig. (2-tailed)	Mean Differences	Std. Error Differences	95% Confidence Interval of the Difference	
	F	Sig.	t	df				Lower	Upper
Organizational Citizenship Behavior	3.848	0.051	1.455	215	0.147	2.73907	1.88280	-0.97203	6.45018
Equal variances assumed									
Organizational Citizenship Behavior	-	-	1.277	69.684	0.206	2.73907	2.14559	-1.54051	7.01866
Equal variances not assumed									

I conducted an independent-samples *t* test to determine if there were statistically significant differences in scores on the Organization Citizenship Behavior questionnaire between clinical and nonclinical hospital employees. The results indicated that there were no statistically significant differences, $t(215) = 1.46$, $p = 0.15$. Therefore, I fail to reject the null hypothesis that states that there is no difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and nonclinical employees in a hospital environment.

Summary

The purpose of this cross-sectional quantitative study was to examine the possible relationships between organizational climate factors and organizational citizenship

behaviors of employees at hospitals within the United States. More specifically, the purpose of this study was to determine whether dimensions within the human relations domain of organizational climate predict organizational citizenship behaviors (Patterson et al., 2005). Patterson et al. (2005) created the questionnaire I used based on Quinn and Rohrbaugh's (1983) competing values framework, which identifies values that act as a foundation for organizational climate (Yu & Wu, 2009). I measured organizational citizenship behaviors using the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) and Patterson et al. evaluated both instruments and determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate.

I identified three research questions for this study. Following is the first research question: What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment? The results indicated that the organizational climate dimensions of *effort* and *integration* were statistically significant predictors of organizational citizenship behaviors; therefore, I rejected the null hypothesis. Following is the second research question: What relationship exists, if any, in organizational citizenship behaviors between leaders and followers in a hospital environment? Statistical results were non-significant; therefore, I failed to reject the null hypothesis. Following is the third research question: What relationship exists, if any, in organizational citizenship behaviors between clinical and nonclinical employees

in a hospital environment? Statistical results were non-significant; therefore, I failed to reject the null hypothesis.

Chapter 5 includes a comprehensive interpretation of the findings and the limitations of the study. Chapter 5 further includes several recommendations for research based on the limitations of the study, the strengths of the study, and the literature review. The chapter concludes with the implications of the research study, addressing both the potential for positive social change as well as practical application.

Chapter 5: Discussion, Conclusions, and Recommendations

Despite research studies that have indicated enhanced organizational effectiveness is related to organizational citizenship behaviors, the factors that influence and promote the display of organizational citizenship behaviors have not been clearly identified or understood, especially within the healthcare industry (Dekas et al., 2013). The purpose of this cross-sectional quantitative study was to examine the possible relationships between organizational climate factors and organizational citizenship behaviors of employees at hospitals within the United States.

To identify potential relationship between organizational climate and organizational citizenship behavior, I identified three research questions. With the first research question I examined the potential influence of the human relation domain on the score for organizational citizenship behaviors of employees in a hospital environment. The results indicated that the organizational climate dimensions of *effort* and *integration* were statistically significant predictors of organizational citizenship behaviors; therefore, I rejected the null hypothesis. The remaining five dimensions identified as *welfare*, *autonomy*, *involvement*, *training*, and *supervisory support* were not statistically significant predictors of organizational citizenship behavior. With the second research question, I examined the difference in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers. The results indicated that no statistically significant difference between these groups; therefore, I failed to reject the null hypothesis. With the final research question I examined the difference in mean scores on the Organizational Citizenship Behavior Questionnaire between clinical and

nonclinical employees. The results indicated that no statistically significant difference between these group; therefore, I failed to reject the null hypothesis.

Interpretation of Findings

As noted in the literature review, researchers have conducted a substantial amount of research to determine (a) which variables potentially act as antecedents to organizational citizenship behaviors, (b) which variables influence organizational climate, and (c) the most appropriate way to measure both organizational citizenship behaviors and organizational climate. According to Narzary and Palo (2015), structural elements of an organization--such as access to information, support from supervisors, and assistance and collaboration from other employees, (also referred to as structural empowerment) can promote organizational citizenship behaviors.

The results of this study indicated that the organizational climate dimensions identified as *effort* and *integration* and were statistically significant predictors of organizational citizenship behavior, hence extending the knowledge in the discipline. As noted in the literature review, researchers have conducted a substantial amount of research on the concept of integration as a function of organizational climate. As one component of integration, the process of sharing information among employees throughout the organization has been critical (Al-Zu'bi, 2011). According to Schell and Kuntz (2013), sharing information is specifically important when implementing a change initiative among nurses in mid-range levels of leadership. Organizational climates that focus on integration by enhancing collaboration and encouraging team spirit also

contribute to reducing the number of medical errors and patients' length of stay at medical facilities (Paquet et al., 2012).

In addition to information sharing and collaboration, researchers have conducted studies on the organizational climate dimension identified as *integration*, which has extended knowledge concerning the impact leadership has on trust and cooperation in regards to organizational citizenship behaviors. Men (2014) reported that in addition to promoting symmetrical communication, transformational leadership influences trust, mutual control, job satisfaction, relationships between leaders, relationships between leaders and employees, and relationships among employees. Under the guidance of transformational leaders, a balance of equally distributed power transcends relationships and is present throughout the workplace environment, further promoting both employee welfare and collaboration (Men, 2014).

In addition to the organizational climate dimension identified as *integration*, the results of this study indicated that the organizational climate dimension identified as *effort* was a statistically significant predictor of organizational citizenship behavior. Researchers have completed a substantial number of studies on the concept of *effort* as a function of organizational climate. Hitchcock and Stavros (2017) concluded that motivated employees exert additional effort to achieve success within an organization based both on personal factors as well as organizational factors. In other words, not only is effort influenced by organizational environments but also by individuals within those environments. For example, leaders can promote knowledge sharing and empowerment throughout organizations. Enhanced communication and a clearly stated vision can

increase employee commitment and overall organizational performance (Ozsahin & Sudak, 2015; Schell & Kuntz, 2013; Tremblay & Landreville, 2015).

As with the organizational climate dimensions of *effort* and *integration* identified as significant predictors, *autonomy* was included in the initial statistical analysis. Autonomy indicates the degree of independence in which employees operate with minimal external control and can include the level of freedom employees experience in making their own and work-related decisions, the amount of control employees have over their day-to-day work, and the degree to which managers trust their employees (Gonzalez-Mulé et al., 2016; Langfred & Rockmann, 2016; Patterson et al., 2005). The correlation between autonomy and organizational citizenship behavior was negative, indicating that as autonomy increased, displays of organizational citizenship behaviors decreased. However, once the weighted least squares method was applied, the dimension of autonomy was not included in the final regression equation. According to Gonzalez-Mulé et al., organizational goal clarity mediates the relationship between autonomy and feedback. This mediating effect between the relationship of autonomy and feedback can result in elevated performances by individual employees as well as work teams while also fostering an increased understanding of organizational goals (Gonzalez-Mulé et al., 2016). In the event there is a lack of clarity about role expectations or conflicting role expectations, organizational citizenship behaviors, those behaviors necessary for the achievement of organizational goals (such as altruism, courtesy, and sportsmanship) will be negatively impacted (Podsakoff et al., 2000). Enhancing organizational structural empowerment that also promotes autonomous behavior among auxiliary nurses and

midwives through policies, information sharing, support, and training may enhance both organizational performance and organizational citizenship behaviors (Al Sahi Al Zaabi et al., 2016).

Both the second and third research questions yielded results that were not statistically significant concerning differences in mean scores on the Organizational Citizenship Behavior Questionnaire between leaders and followers and clinical and nonclinical employees. Regarding clinical and nonclinical employees, the results of this study contrasted those of prior studies. As noted in Chapter 2, data collected from hospital employees indicated that a statistically significant relationship exists between role (i.e., medical, paramedical, and administrative) and organizational citizenship behaviors (Bahrami et al., 2013). Bahrami et al. further specified that the most favorable organizational citizenship behaviors identified from the roles held in the hospital are exhibited most frequently among administrative roles, followed by paramedical roles and, finally, medical roles. These results are in contrast to the non-significant differences between the organizational citizenship behaviors of leaders and followers in this study. According to Koning and Van Kleef (2015), the relationship between leaders and followers is essential in fostering and promoting organizational citizenship behaviors. Podsakoff et al. (2000) also found that supportive leadership behavior is positively correlated with organizational citizenship behaviors. It is important for leaders to consider how their emotions are perceived by followers because their emotional displays have the potential to promote (or inhibit) organizational citizenship behaviors (Koning & Van Kleef, 2015; Zehir et al., 2014). For example, inappropriate displays of anger by

leaders may trigger reciprocal anger from followers and decrease the likelihood that they will engage in voluntary tasks, such as organizational citizenship behaviors (Koning & Van Kleef, 2015). These findings extend knowledge of previous research noted in results for both research questions were non-significant most likely because organizational climate influences both leaders and followers as well as clinical and nonclinical employees.

I selected person–organization fit theory as the theoretical framework for this research study. The theory of person–organization fit grew out of Lewin’s (1939) field theory, also referred to as *person–environment fit*. According to Lewin’s field theory, employee behavior is influenced both by employees as well as the organizational environments in which they work. Individual employees have extensive and continuing effects on organizational situations (Kohn & Schooler, 1982).

Person–organization fit theory emphasizes the importance of the similarities and differences between the unique characteristics and goals of employees as well as the goals of the organizations for which they work (Chatman, 1989; Kristof-Brown et al., 2005). The results from this study indicated that the dimensions of *effort* and *integration* are statistically significant predictors of organizational citizenship behaviors. Integration within an organization refers to the level of cooperation and trust between departments (Patterson et al., 2005), whereas effort describes the attempts employees display towards the achievement of organizational goals (Bernstrøm et al., 2013). Both dimensions align with person–organization fit theory in that effort speaks to the influence of employees while integration speaks to the influence of the environment on organizational citizenship

behavior. Results from this study further extend the knowledge indicating that alignment between the dimensions of effort and integration do positively influence organizational citizenship behaviors.

Limitations of the Study

I identified four limitations of this research study. The first limitation of this research study was the rapidity with which change occurs within the healthcare industry. Considering that the healthcare industry exists in a perpetual state of rapid change (Schell & Kuntz, 2013), data collected about organizational climate and organizational citizenship behaviors using a cross-sectional design may quickly become obsolete. If hospital administrators opt to implement change within an organization based on data collected from a cross-sectional design, there is a chance that the predictors of organizational citizenship behavior may not align with the current organizational climate. In other words, in this scenario, person–organization fit would not be in alignment. If hospital administrators use cross-sectional data that has become obsolete, organizational competitiveness and sustainability may also decrease.

The second limitation of this study was the subjectivity of the participants' responses, also referred to as *response bias*. Participants self-reported their perceptions of their organizational climate as well as their perceptions of their own organizational citizenship behavior. According to Ward et al. (2002), concerns of validity, reliability, and legitimacy are inherent within acts of self-assessment. The self-reporting process can be considered a limitation because participants may have inaccurately reported perceptions of their organizational climate or extra-role behaviors, also referred to as

organizational citizenship behaviors. To minimize response bias, additional inspection of the questionnaire items may be helpful to ensure that the language utilized is appropriate for the participants and that participants do not perceive the items as threatening (Frankfort-Nachmias & Nachmias, 2008).

The third limitation of this study was the number of participants that were classified as nonclinical participants. According to the G* Power analysis (see Table 1), the recommended sample size for nonclinical employees was 64 participants. Data were gathered from 47 participants. Although the G* Power analysis acts as a tool to estimate recommended sample size, the current sample is 17 participants less than the estimated sample size that the G* Power calculated. Ideally, a larger sample size would provide more reliable results, minimizing the possibility of committing either a Type I or Type II error (Frankfort-Nachmias & Nachmias, 2008).

The fourth limitation of this study was the operational definition of the term *leadership*. For this research study, leadership was defined as “hospital employees who formally oversee other employees.” The concept of *leadership* has a significant amount of both breadth and depth. It is subject to many definitions as well as methods of investigation. For example, leadership can be explored through leadership traits, through behavioral concepts, or through transformational interactions, among many other approaches. The definition of leadership noted within the study can be classified as a limitation in that participants were classified as leaders only if they supervise other employees; however, individuals can be classified as leaders in other ways, not

necessarily by whether they supervise other employees. Remaining open to additional definitions of leadership may be helpful in addressing this limitation.

Recommendations

Researchers have generated knowledge from prior studies indicating that a variety of perspectives concerning organizational climate, organizational citizenship behaviors, and the relationship between organizational climate and organizational citizenship behavior. Based on varying perspectives concerning these variables of interest, several recommendations exist for further research that are grounded in the strengths and limitations of this current study.

Results of this study indicated that both *integration*, a dimension of the human relations domain that addresses the level of cooperation and trust between departments within an organization (Patterson et al., 2005), and *effort*, a dimension of the human relations domain that describes the attempt employees display towards the achievement of organizational goals (Bernstrøm et al., 2013), are statistically significant predictors of organizational citizenship behaviors. One recommendation for further research is related to the design I selected to investigate organizational climate and organizational citizenship behaviors. I used a cross-sectional research design was utilized for this study. However, a longitudinal study design would permit data collection at regular intervals during a longer period, which would enable future researchers to explore the change and development of variables (Field, 2013). Researchers focusing on organizational citizenship behavior and organizational climate could employ the use of a longitudinal research design. Both organizational climate and organizational citizenship behaviors

change because the healthcare industry is in a perpetual state of change (Schell & Kuntz, 2013). This change impacts all departments within a hospital and requires both the dimensions of effort and integration from all employees. The responses of participants concerning organizational climate and organizational citizenship behavior may be different in 3, 6, or 12 months based on changes within the organization. A longitudinal design may permit a more in-depth understanding of the impact that change has on organizational climate in relation to organizational citizenship behaviors.

A second recommendation for further research is use of a mixed-methods approach. A mixed-method approach utilizes both a qualitative and quantitative research design. A case study design, where one hospital (or a healthcare system in which many hospitals collectively are included within that hospital system) could be explored. Changes within the hospital or system could be explored through a qualitative approach, followed by a quantitative approach to assess the impact that a particular change initiative may have had on a single hospital or multiple hospitals with the same system. Data could be collected solely from leaders, followers, clinical employees, or nonclinical employees. Or, similar to this present research study, data could be collected from members of all these categories (i.e., leaders, followers, clinical employees, and nonclinical employees).

A third recommendation for further research is to explore other service industries that are similar to the healthcare industry using the same variables and instruments used in this study. Change initiatives influence industries such as hospitality, accounting, or communication, and these industries could potentially benefit from understanding the influence that organizational climate exerts on organizational citizenship behaviors. An

organizational shift towards the promotion of the dimension of effort, accounts for both the individual and the environment. Employees at various levels within an organization do influence effort, while at the same time they are also influenced by a culture that promotes effort. Furthermore, organizations with enhanced levels of integration display trust and cooperation between employees and departments, a quality that is essential within service industries. With this understanding, hospital administrators may be able to utilize resources more effectively, achieve better alignment between organizational activity and goals, and further promote sustainability.

Exploring the role of the organizational climate dimensions of effort and integration in other service industries could be accomplished using the same instruments that were employed in this present study. The instrument used to measure organizational climate for this present study has been used in a variety of organizational types that vary greatly in size within the manufacturing sector in the United Kingdom (Patterson et al., 2005). Further, Patterson et al. encouraged researchers to explore organizational climate in many different organizations and industries. Likewise, researchers have used the Organizational Citizenship Behavior Questionnaire to measure organizational behavior in several different industries. Podsakoff et al. (1990) originally administered the instrument to a diversified petrochemical company with employees in the United States, Canada, and Europe. Researchers also have used the questionnaire in the retail insurance industry in the United States (Bell & Menguc, 2002) to further understand service quality, employee behavior, and management behavior in a large steel conglomerate company in China (Hui et al., 2004). Argentero et al. (2008) adjusted the instrument from managers' assessment

of their followers' organizational citizenship behavior to allow for self-reporting from employees.

A fourth recommendation for further research is to consider the exploration of alternative dimensions related to organizational climate and organizational citizenship behavior. Researchers have assessed organizational climate in a variety of ways. The original instrument developed by Litwin and Stringer (1968) to investigate organizational climate included the priori scales identified as *structure*, *responsibility*, *reward*, *risk*, *warmth*, *support*, *standards*, *conflict*, and *identity* but does not appear to measure the constructs that its developers intended to measure, for although correlations exist, the factors and scales have demonstrated low reliability (Sims & LaFollette, 1975). Since that time, researchers have developed other instruments to assess organizational climate. These instruments also demonstrated low internal reliability and validity, which led to the exploration of alternate dimensions, such as respect, communication, career development, innovation, and planning and support (Furnham & Goodstein, 1997).

As with organizational climate, researchers have used a variety of methods to assess and measure organizational citizenship behaviors. According to Organ et al. (2006), a variety of instruments have been utilized to measure organizational citizenship behavior. Over time, researchers have proposed several dimensions of organizational citizenship, including (a) altruism, conscientiousness, sportsmanship, courtesy, and civic virtue; (b) organizational citizenship behaviors directed toward the organization and organizational citizenship behaviors directed towards the individual; and (c) helping

behavior (Organ et al., 2006). According to Dekas et al. (2013), different types of organizational citizenship behaviors also exist for knowledge workers.

For this present study, researchers selected the dimensions of organizational citizenship behavior identified as altruism, conscientiousness, sportsmanship, courtesy, and civic virtue. Based on these variations of how to measure organizational citizenship behavior, a recommendation for future research is to use a combination of alternate dimensions for further research to assess the relationship between organizational climate and organizational citizenship behaviors.

A fifth recommendation for future study entails assessing the role that health education preparation plays in terms of both the breadth and depth of information as well as in the ultimate expression and understanding of the role of climate in a hospital setting. Several research opportunities exist to assess the relationship between education and its impact on organizational climate, such as comparing the curriculum between the following types of universities/colleges: (a) non-profit versus for-profit colleges, (b) community colleges (i.e., 2-year colleges) versus four-year colleges and/or universities; (c) small, private colleges and/or universities versus large public colleges and/or universities (often elevated admission parameters exists for private colleges); and (d) liberal arts colleges versus professional colleges and/or universities. Colleges and universities can utilize this information by altering their curriculum to increase the probability of the preferred organizational climate.

A final recommendation for future study entails the exploration through the employment of additional research of other organizational climate dimensions, such as

autonomy, which potentially could decrease organizational citizenship behavior. Potential dimensions of interest for further study could include conflict, bullying, violence at the workplace, or unsafe working conditions, dimensions known to add stress and problems to an environment and those employees working within that environment. Based on additional research, organizations could potentially utilize this information by eliminating dimensions that are known to have a negative relationship with organizational citizenship behavior and promoting those dimensions that have a positive relationship with organizational citizenship behavior.

Implications

The implications of this study for positive social change are evident on several levels ranging from individual patients to society. Patient care impacts individual patients as well as the families of these patients, for often when patients received care in a hospital setting, family members accompany them to provide support. These individuals, at times, also serve as decision makers, and as such, they are highly engaged in the care of patients (e.g., medical power of attorney). Enhancement in quality of patient care can result from organizations that encourage organizational citizenship behaviors via the development of the organizational climate dimensions of effort and integration. Rather than accepting that medical errors do happen on occasion and are inherent in the process of medical care (Kohn, Corrigan, & Donaldson, 2000), hospitals could emphasize effort and integration, and thereby expectations could potentially transition to excellence in patient care.

Positive social change can also occur at an individual level in respect to employees in a hospital. Individual hospital employees, regardless of the role held, have the opportunity to act in ways that are align with the goals of the hospital (e.g., effort). Individual employees, regardless of the roles they hold, need to rely on individuals from other departments to accomplish simple tasks, such as ordering a box of gloves, to more complex tasks, such as scheduling surgery.

Likewise, positive social change is possible at the organizational level. Individual patients and their families typically encounter several hospital employees during a hospital visit. Hospital employees include housekeepers as well as trauma surgeons. Hospitals have begun to realize the connection between patient satisfaction and employee engagement (Hess, 2013) and have begun to embed the measurement of engagement in employee performance evaluations both among leaders and followers. Research has indicated that employee engagement levels influence the quality of patient care provided before, during, and following treatment and occurrence of medical errors are influenced by employee engagement levels (Granatino et al., 2013; Hess, 2013). Aggregated displays of extra-role behaviors (i.e., organizational citizenship behaviors) throughout organizations have led to enhanced organizational effectiveness as a result of improved coworker and managerial productivity, efficient use of resources, coordination of activities, collaboration among employees, employee retention, employee stability, and employee adaptability (Organ et al., 2006; Podsakoff et al., 2000). All healthcare workers, despite their role (i.e., manager/follower, clinical/nonclinical; Canaday & Hamner, 2008), both influence and are influenced by workforce shortages (Paquet et al.,

2012), continually rising costs (Hess, 2013), new government legislation (such as the Patient Protection and Affordable Care Act), and frequent change initiatives (Schell & Kuntz, 2013). Exploring the relationship between organizational climate dimensions and organizational citizenship behaviors presents an opportunity for organizations strategically to lead and manage productive change within the healthcare industry. The connection between patient satisfaction and reimbursement will continue to serve as a leverage point that holds hospitals accountable for their human capital and, ultimately, patient care. Therefore, it is in an organization's best interest to engage in a cultural shift that encourages the promotion of the organizational climate dimensions of effort and integration.

Finally, implications for positive social change exist at a societal level. The healthcare system consists of a complex network of interdependencies and interrelationships. Changes implemented in one area of the healthcare system influence other areas within the system either directly or indirectly. The healthcare industry has experienced a considerable degree of rapid change. Examples of these changes include, but are not limited to, an influx of newly insured individuals as a result of the Affordable Care Act, an emphasis on disease prevention and health promotion, technology dependency, and the transition from fee-for-service reimbursement by third-party payers to an incentive payment model (Schell & Kuntz, 2013). An example of preventative care includes immunization vaccines. Preventative patient care transcends all entities of the healthcare system. Employees throughout the healthcare system can engage several elements of preventative care, such as immunizations, ranging from education of

immunizations to treatment provided. Ultimately, all organizations and employees within those organizations are impacted by preventative care either directly or indirectly. Results of this present study emphasize the impact of organizational climate on organizational citizenship behaviors. Because the results of this study indicated that the organizational climate dimensions of both effort and integration are statistically significant predictors of organizational citizenship behavior, it is imperative that management, leaders, and change agents throughout the healthcare industry engage in a cultural shift that promotes these behaviors in hopes effectively and efficiently to manage change.

As a result of this study, I am able to make several recommendations for practice that further promote the organizational climate dimensions of effort and integration as statistically significant predictors of organizational citizenship behavior. According to Bernstrøm et al. (2013), effort describes the attempt employees display towards the achievement of organizational goals. Vough et al. (2017) have suggested that the environment factors (i.e., principles of behaviorism) play a more important role in employee motivation. These researchers concluded that the extent to which employees exert effort is influenced by socially mandated norms about the manner in which employees display effort and to what extent. There ultimately needs to be a shift within organizational cultures that includes promoting and recognizing the personal capabilities of employees whose efforts align with organizational goals while also providing the authority to employees with these capabilities to make decisions based on real-time, up-to-date data in order to achieve organizational goals. Included within this cultural shift is management's commitment to clear and consistent communication of organizational

goals. Feedback must also be provided regularly to ensure that employees' efforts within the organization are aligned with the organizational goals and that these efforts are exerted to the extent that satisfy management's expectations. In summary, organizations must reward employees who go above and beyond what is noted in their job description towards the achievement of company goals. Throughout this process, managers and leaders must provide constructive feedback.

As with the organizational climate dimension of effort, the results of this present study indicated that integration was also found to be a statistically significant predictor of organizational citizenship behavior. According to Patterson et al. (2005), integration addresses the level of cooperation and trust between departments within an organization. It is reasonable to assume that cooperation and trust among each of the departments in a hospital system are paramount in delivering effective and safe patient care. Whether patients enter a hospital via the emergency room or as a direct admission, coordination among several departments is required. Another recommended element to include within the cultural shift further to promote integration is the occurrence of more interdisciplinary interactions beyond patient care. Management must provide time for departments to engage with one another, get to know one another, and collaborate with one another in terms of planning, strategizing, and ultimately achieving organizational goals. This collaborative activity needs to occur regularly and become a normal, accepted way of operating. Examples of opportunities to collaborate and develop trust include organization-wide sanctioned events, monthly cross-discipline meetings, *ad hoc* committees with representation throughout several departments, and corporate

wellness initiatives. Enhancements in integration could promote patient safety, patient satisfaction, and overall health of patients. In addition, working to increase integration can enhance the effectiveness and efficiency of healthcare organizations, further promoting sustainability during continual times of change (Hess, 2013).

Ultimately, working to increase both effort and integration has the potential to influence the healthcare industry and overall societal health. If organizations choose to further enhance effort and integration, patients, families, support systems of patients, organizations, the healthcare system, and society in general will be positively influenced.

Conclusion

This research study that I conducted examined the influence of organizational climate on organizational citizenship behaviors. More specifically, I addressed three research questions: (a) What influence, if any, do the dimensions of human relations have on the score for organizational citizenship behaviors of employees in a hospital environment?; (b) What relationship exists, if any, in the score for organizational citizenship behaviors between leaders and followers in a hospital environment?; and (c) What relationship exists, if any, existed in organizational citizenship behaviors between clinical and nonclinical employees in a hospital environment. I constructed the questionnaire based on Patterson et al.'s (2005) OCM and the 24-item Organizational Citizenship Behavior Questionnaire. Podsakoff et al. (1990) originally constructed the questionnaire, and Argentero et al. (2008) later transformed it to accommodate employee self-reporting. Argentero et al. and Patterson et al. evaluated both instruments and

determined that they have met acceptable reliability and validity standards in order to accurately measure organizational citizenship behaviors and organizational climate.

I measured organizational climate using seven dimensions identified within the human relations domain: *welfare, autonomy, involvement, effort, training, integration, and supervisory support*. I measured organizational citizenship behavior, the dependent variable, was measured using the dimensions of the OCB identified as *altruism, conscientiousness, sportsmanship, courtesy, and civic virtue*. The target population was alumni of 2- or 4-year colleges who graduated with a clinical or nonclinical healthcare degree in Ohio.

The results of statistical analyses indicated that the organizational climate dimensions *effort* and *integration* were statistically significant predictors of organizational behavior. These results suggest the need for a cultural shift within hospitals to enhance and support displays of the organizational climate dimensions of effort and integration. This cultural shift, led by administration, all levels of management, and change agents throughout the entity should include (a) the promotion and recognition of the personal capabilities and actions of employees that align with organizational goals; (b) the provision of the appropriate level of authority to employees with these capabilities to make decisions based on real-time information; (c) the availability of up-to-date data to achieve organizational goals; (d) leaders' and managers' commitment to clear and consistent communication of organizational goals; (e) the provision of regular feedback to ensure that employees' efforts within the organization are aligned with organizational goals; and (f) the opportunity for

departments to engage with one another, get to know one another, and collaborate with one another to assist in the planning, strategizing, and ultimately achievement of set organizational goals. The cultural shift involving these two dimensions of organizational climate ideally needs to become deeply embedded as a normal, accepted way of operating within healthcare environments and hospitals settings.

Ultimately, enhancements in both the dimensions of effort and integration could promote positive social change at the individual and family level concerning patient safety and patient satisfaction. At the organizational level, management's focus should be towards the promotion of the effort and integration towards the achievement of organizational strategic goals. Emphasis placed at an organizational level encourages competitiveness and organizational sustainability. This emphasis could potentially result in more efficient processes and the efficient use of resources towards quality of care. In the event that managers focus on the organizational climate dimensions of both effort and integration, positive social change will occur at a policy/societal level. The hospital industry is comprised of many entities ranging from physician offices to large hospital systems. Each of these entities is interdependent and interrelated with one another. If the goal within hospitals is to engage in a cultural shift that emphasizes the organizational climate dimensions of effort and integration, the possibility exists that these expectations will spread beyond the hospital throughout the industry. Ultimately, these changes will result in aggregate displays of organizational citizenship behavior throughout the system and improve overall societal health.

References

- Albrecht, S. L. (2012). The influence of job, team and organizational level resources on employee well-being, engagement, commitment and extra-role performance. *International Journal of Manpower*, 33(7), 840–853.
doi:10.1108/014377212112683
- Alfonso, L., Zenasni, F., Hodzic, S., & Ripoll, P. (2016). Understanding the mediating role of quality of work life on the relationship between emotional intelligence and organizational citizenship behaviors. *Psychological Reports*, 118(1), 107–127.
doi:10.1177/0033294115625262
- Al Sahi Al Zaabi, M. S., Ahmad, K. Z., & Hossan, C. (2016). Authentic leadership, work engagement and organizational citizenship behaviors in petroleum company. *International Journal of Productivity & Performance Management*, 65(6). 811–830. doi:10.1108/IJPPM-01-2016-0023
- Al-Zu'bi, H. A. (2011). Organizational citizenship behavior and impacts on knowledge sharing: An empirical study. *International Business Research* 4(3). 221–227.
doi:10.5539/ibr.v4n3p221
- Argentero, P., Cortese, C. G., & Ferretti, M. S. (2008). An evaluation of organizational citizenship behaviors: Psychometric characteristics of the Italian version of Podsakoff et al.'s scale. *TPM* 15(2), 61–75. Retrieved from <http://www.tpm.org/>
- Bahrami, M. A., Montazeralfaraj, R., Gazar, S. H., & Tafti, A. D. (2013). Demographic determinants of organizational citizenship behavior among hospital employees.

- Global Business & Management Research*, 5(4), 171–178. Retrieved from <http://www.gbmr.ioksp.com/>
- Bell, S. J., & Menguc, B. (2002). The employee–organization relationship, organizational citizenship behaviors, and superior service quality. *Journal of Retailing*, 78(2), 131–146. doi:10.1016/s0022-4359(02)00069-6
- Bernstrøm, V. H., Lone, J. A., Bjørkli, C. A., Ulleberg, P., & Hoff, T. (2013). Assessing a Norwegian translation of the organizational climate measure. *Psychological Reports*, 112(2), 390–407. doi:10.2466/01.08.PR0.112.2.390-407
- Blau, P. M. (1964). *Exchange and power in social life*. New York, NY: Wiley.
- Brown, L. A., & Roloff, M. E. (2015). Organizational citizenship behavior, organizational communication, and burnout: The buffering role of perceived organizational support and psychological contracts. *Communication Quarterly*, 63(4), 384–404. doi:10.1080/01463373.2015.1058287
- Burke, M. J., & Day, R. R. (1986). A cumulative study of the effectiveness of managerial training. *Journal of Applied Psychology*, 71(2), 232–245. doi:10.1037/0021-9010.71.2.232
- Butcher, L. (2015). Survey results: Survey finds physician leadership development moving into high gear. *Physician Leadership Journal*, 2(5), 94–96. Retrieved from <http://www.physicianleaders.org/news/journals/plj>
- Campbell, D. T., & Stanley, J. C. (1963). *Experimental and quasi-experimental designs for research*. Boston, MA: Houghton Mifflin Company.

- Canaday, M., & Hamner, S. (2008). Preceptors for non-clinical employees: Extending the value. *Nursing Economic\$, 26*(1), 53–57. Retrieved from <http://www.nursingeconomics.net/cgi-bin/WebObjects/NECJournal.woa>
- Castka, P., Bamber, C. J., Sharp, J. M., & Belohoubek, P. (2001). Factors affecting successful implementation of high performance teams. *Team Performance Management: An International Journal, 7*(7/8), 123–134.
doi:10.1108/13527590110411037
- Centers for Medicare & Medicaid Services. (2013). *National health expenditure projections 2012–2022*. Retrieved from <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2012.pdf>
- Cha, J., Chang, Y., & Kim, T. (2014). Person–organization fit on prosocial identity: Implications on employee outcomes. *Journal of Business Ethics, 123*(1), 57–69.
doi:10.1007/s10551-013-1799-7
- Chatman, J. (1989). Improving interactional organizational research: A model of person–organization fit. *Academy of Management Review, 14*(3), 333–349.
doi:10.5465/AMR.1989.4279063
- Chen, X. P., Hui, C., & Seago, D. J. (1998). The role of organizational citizenship behavior in turnover: Conceptualization and preliminary tests of key hypotheses. *Journal of Applied Psychology, 83*(6), 922–931. doi:10.1037/0021-9010.83.6.922
- Dansereau, F. D., Graen, G., & Haga, W. J. (1975). A vertical dyad linkage approach to leadership within formal organization: A longitudinal investigation of the role

making process. *Organizational Behavior and Human Performance* 13, 46–78.

doi:10.1016/0030-5073(75)90005-7

Dekas, K. H., Bauer, T. N., Welle, B., Kurkoski, J., & Sullivan, S. (2013). Organizational citizenship behavior 2.0: A review and qualitative investigation of OCBs for knowledge workers at Google and beyond. *Academy of Management Perspective* 27(3). doi:10.5465/amp.2011.0097

Demirkiran, M., Taskaya, S., & Dinc, M. (2016). A study on the relationship between organizational justice and organizational citizenship behavior in hospitals. *International Journal of Business Management & Economic Research*, 7(2), 547–554. Retrieved from <http://www.ijbmer.com/>

Elstad, E., Christophersen, K. A., & Turmo, A. (2011). Social exchange theory as an explanation of organizational citizenship behaviour among teachers. *International Journal of Leadership in Education*, 14(4), 405–421.

doi:10.1080/13603124.2010.524250

Farzaneh, J., Dehghanpour Farashah, A., & Kazemi, M. (2014). The impact of person–job fit and person–organization fit on OCB. *Personnel Review*, 43(5), 672.

doi:10.1108/PR-07-2013-0118

Fibuch, E., & Ahmed, A. (2015). Physician turnover: A costly problem. *Physician Leadership Journal*, 2(3), 22–25. Retrieved from

<http://www.physicianleaders.org/news/journals/plj>

Field, A. (2103). *Discovering statistics using IBM SPSS statistics* (4th ed.). Thousand Oaks, CA: SAGE.

- Ford, J. (2015). Going beyond the hero in leadership development: The place of healthcare context, complexity and relationships. *International Journal of Health Policy & Management*, 4(4), 261–263. doi:10.15171/ijhpm.2015.43
- Frankfort-Nachmias, C., & Nachmias, D. (2008). *Research methods in the social sciences* (7th ed.). New York, NY: Worth Publishers.
- Furnham, A., & Goodstein, L. D. (1997). The organizational climate questionnaire. *The 1997 Annual: Volume 2, Consulting*. San Francisco, CA: Jossey-Bass, Inc.
- Ghosh, K. (2015). Benevolent leadership in not-for-profit organizations: Welfare orientation measures, ethical climate and organizational citizenship behaviour. *Leadership & Organization Development Journal*, 36(5), 592–611. doi:10.1108/LODJ-12-2013-0164
- Gonzalez-Mulé, E., Courtright, S. H., DeGeest, D., Seong, J., & Hong, D. (2016). Channeled autonomy: The joint effects of autonomy and feedback on team performance through organizational goal clarity. *Journal of Management*, 42(7), 2018–2033. doi:10.1177/0149206314535443
- Gould-Williams, J. S., Mohammed Sayed Mostafa, A., & Bottomley, P. (2015). Public service motivation and employee outcomes in the Egyptian public sector: Testing the mediating effect of person–organization fit. *Journal of Public Administration Research & Theory*, 25(2), 597–622. doi:10.1093/jopart/mut053
- Granatino, R., Verkamp, J., & Stephen-Parker, R. (2013). The use of secret shopping as a method of increasing engagement in the healthcare industry: A case

- study. *International Journal of Healthcare Management*, 6(2), 114–121.
doi:10.1179/2047971913Y.0000000039
- Hess, C. (2013). Health care educators: New directions in leadership development. *Journal of Leadership Studies*, 6(4), 72–76. doi:10.1002/jls.21269
- Hitchcock, J. A., & Stavros, J. M. (2017). Organizational collective motivation: A new framework for motivating employees in organizations. *OD Practitioner*, 49(4), 28–35. Retrieved from <http://www.odnetwork.org/>
- Hui, C., Lee, C., & Rousseau, D. M. (2004). Psychological contract and organizational citizenship behavior in China: Investigating generalizability and instrumentality. *Journal of Applied Psychology*, 89(2), 311–321. doi:10.1037/0021-9010.89.2.311
- Hung, Y., & Tsai, T. (2016). Ethical work climate and organizational citizenship behavior in the Taiwanese military. *Military Psychology*, 28(1), 34–49.
doi:10.1037/mil0000096
- IBM. (n. d.). IBM SPSS statistics software. Retrieved from <https://www.ibm.com/analytics/us/en/technology/spss/#what-is-spss>
- Inanc, H., Zhou, Y., Gallie, D., Felstead, A., & Green, F. (2015). Direct participation and employee learning at work. *Work and Occupations*, 42(4), 447–475.
doi:10.1177/0730888415580650
- Jiao, C., Richards, D. A., & Hackett, R. D. (2013). Organizational citizenship behavior and role breadth: A meta-analytic and cross-cultural analysis. *Human Resource Management*, 52(5), 697–714. doi:10.1002/hrm.21555

- Kanten, P., & Er Ülker, F. (2013). The effect of organizational climate on counterproductive behaviors: An empirical study on the employees of manufacturing enterprises. *Macrothema Review* 2(4), 144–160. Retrieved from <http://macrothema.com/>
- Kegans, L., McCamey, R. B., & Hammond, H. (2012). Organizational citizenship behavior and work experience. *Hospital Topics*, 90(3), 74–81.
doi:10.1080/00185868.2012.721699
- Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (2000). *To err is human: Building a safer health system*. Washington, DC: National Academies Press.
- Kohn, M., & Schooler, C. (1982). Job conditions and personality: A longitudinal assessment of their reciprocal effects. *American Journal of Sociology* 87(6), 1257–1286. Retrieved from www.jstor.org
- Kristof-Brown, A. L., Zimmerman, R. D., & Johnson, E. C. (2005). Consequences of individual's fit at work: A meta-analysis of person–job, person–organization, person–group, and person–supervisor fit. *Personnel Psychology*, 58(2), 281–342.
doi:10.1111/j.1744-6570.2005.00672.x
- Koning, L. F., & Van Kleef, G. A. (2015). How leaders' emotional displays shape followers' organizational citizenship behavior. *Leadership Quarterly*, 26(4), 489–501. doi:10.1016/j.leaqua.2015.03.001
- Langfred, C. W., & Rockmann, K. W. (2016). The push and pull of autonomy: The tension between individual autonomy and organizational control in knowledge

work. *Group & Organization Management*, 41(5), 629–657.

doi:10.1177/1059601116668971

Lavoie-Tremblay, M., Paquet, M., Duchesne, M., Santo, A., Gavranic, A., Courcy, F., & Gagnon, S. (2010). Retaining nurses and other hospital workers: An intergenerational perspective of the work climate. *Journal of Nursing Scholarship* 42(4), 414–422. doi:10.1111/j.1547-5069.2010.01370.x

Leskiw, S., & Singh, P. (2007). Leadership development: Learning from best practices. *Leadership & Organization Development Journal*, 28(5), 444–464.

doi:10.1108/01437730710761742

Levine, D. M., & Stephan, D. F. (2015). *Even you can learn statistics and analytics: An easy to understand guide to statistics and analytics* (3rd ed.). Upper Saddle River, NJ: Pearson Education.

Lewin, K. (1939). Field theory and experiment in social psychology: Concepts and methods. *American Journal of Sociology*, 44, 868–896. doi:10.1086/218177

Li, N., Chiaburu, D. S., & Kirkman, B. L. (2017). Cross-level influences of empowering leadership on citizenship behavior: Organizational support climate as a double-edged sword. *Journal of Management*, 43(4), 1076–1102.

doi:10.1177/0149206314546193

Liborius, P. (2014). Who is worthy of being followed? The impact of leaders' character and the moderating role of followers' personality. *Journal of Psychology*, 148(3), 347–385. doi:10.1080/00223980.2013.801335

- Liou, S., & Cheng, C. (2010). Organisational climate, organisational commitment and intention to leave amongst hospital nurses in Taiwan. *Journal of Clinical Nursing, 19*(11–12), 1635–1644. doi:10.1111/j.1365-2702.2009.03080.x
- Lloyd, K., Boer, D., Keller, J., & Voelpel, S. (2015). Is my boss really listening to me? The Impact of perceived supervisor listening on emotional exhaustion, turnover intention, and organizational citizenship behavior. *Journal of Business Ethics, 130*(3), 509–524. doi:10.1007/s10551-014-2242-4
- Lo, M., & Ramayah, T. (2009). Dimensionality of organizational citizenship behavior (OCB) in a multicultural society: The case of Malaysia. *International Business Research, 2*(1), 48–55. doi:10.5539/ibr.v2n1p48
- López-Domínguez, M., Enache, M., Sallan, J. M., & Simo, P. (2013). Transformational leadership as an antecedent of change-oriented organizational citizenship behavior. *Journal of Business Research, 66*(10), 2147–2152. doi:10.1016/j.jbusres.2013.02.041
- Lunenburg, F. C., & Irby, B. J. (2008). *Writing a successful thesis or dissertation: Tips and strategies in the social and behavioral sciences*. Thousand Oaks, CA: Corwin.
- Mayfield, C. O. (2013). Promoting organizational citizenship behavior through job design: Job characteristics versus job satisfaction. *Journal of Business Disciplines, 11*(1), 36–64. Retrieved from <http://www.jibd.org/>
- McAlearney, A. S. (2006). Leadership development in healthcare: A qualitative study. *Journal of Organizational Behavior, 27*(7), 967–982. doi:10.1002/job.417

- Men, L. R. (2014). Why leadership matters to internal communication: Linking transformational leadership, symmetrical communication, and employee outcomes. *Journal of Public Relations Research*, 26(3), 256–279. doi:10.1080/1062726X.2014.908719
- Mohamed, M. S., & Anisa, H. (2012). Relationship between organizational commitment and organizational citizenship behavior. *IUP Journal of Organizational Behavior*, 11(3), 7–22. Retrieved from http://www.iupindia.in/Organizational_Behavior.asp
- Morrow, J. A. (n. d.). RSCH 8250 multiple regression–conceptual. Retrieved from http://mym.cdn.laureate-media.com/Walden/RSCH/8250/07/mm/multiple_regression_conceptual.html
- Muchinsky, P. M. (1976). An assessment of the Litwin and Stringer organization climate questionnaire: An empirical and theoretical extension of the Sims and LaFollette study. *Personnel Psychology*, 29(3), 371–392. doi:10.1111/j.1744-6570.1976.tb00422.x
- Narzary, G., & Palo, S. (2015). Structural empowerment as antecedent of organisational citizenship behaviour: An empirical analysis of auxiliary nurse and midwives. *Journal of Organisation & Human Behaviour*, 4(4), 16–22. doi:10.21863/johb/2015.4.4.020
- Netemeyer, R. G., & Boles, J. S. (1997). An investigation into the antecedents of organizational citizenship behaviors in a personal selling context. *Journal of Marketing*, 61(3), 85–98. doi:10.2307/1251791

- Ng, T. T., Lam, S. S., & Feldman, D. D. (2016). Organizational citizenship behavior and counterproductive work behavior: Do males and females differ?. *Journal of Vocational Behavior, 93*, 11–32. doi:10.1016/j.jvb.2015.12.005
- Nimran, U. (2011). Relationship between individual characteristics of employees and organizational climate with organizational citizenship behavior (OCB). *Journal of Basic and Applied Scientific Research, 1*(11), 2310–2313. Retrieved from <http://oaji.net/>
- Odoardi, C. (2015). The relationship between proactive goal generation and innovative behaviour at work. *Journal of Management Development, 34*(5), 553–565. doi:10.1108/JMD-04-2014-0037
- Ölçer, F., Florescu, M. S., & Năstase, M. (2014). The effects of transformational leadership and emotional intelligence of managers on organizational citizenship behaviors of employees. *Review of International Comparative Management /Revista De Management Comparat International, 15*(4), 385–401. Retrieved from <http://www.rmci.ase.ro/>
- Organ, D. W. (1988). *Organizational citizenship behavior: The good soldier syndrome*. Lexington, MA: Lexington Books.
- Organ, D. W., Podsakoff, P. M., & MacKenzie, S. B. (2006). *Organizational citizenship behavior: Its nature, antecedents, and consequences*. Thousand Oaks, CA: Sage.
- Ozsahin, M., & Sudak, M. K. (2015). The mediating role of leadership styles on the organizational citizenship behavior and innovativeness relationship. *Journal of*

Business, Economics & Finance, 4(3), 443–455.

doi:10.17261/Pressacademia.2015313065

Pangil, F., Yahya, K. K., Johari, J, Faizal Md Isa, M., & Daud, Z. (2011). The relationship between organizational climate and job satisfaction: The case of a government agency in Malaysia. *International Journal of Humanities and Social Science*, 1(12). Retrieved from <http://www.ijhssnet.com/>

Paquet, M., Courcy, F., Lavoie-Tremblay, M., Gagnon, S., & Maillet, S. (2012).

Psychosocial work environment and prediction of quality of care indicators in one Canadian health center. *Worldviews of Evidence-Based Nursing*, 1–14.

doi:10.1111/j.1741-6787.2012.00250.x

Patterson, M. G., West, M. A., Shackleton, V. J., Dawson, J. F., Lawthom, R., Maitlis, S.

M., & Wallace, A. M. (2005). Validating the organizational climate measure:

Links to managerial practices, productivity and innovation. *Journal of*

Organizational Behavior, 26, 379–408. doi:10.1002/job.312

Phipps-Taylor, M., & Shortell, S. M. (2016). More than money: Motivating physician

behavior change in accountable care organizations. *Milbank Quarterly*, 94(4),

832–861. doi:10.1111/1468-0009.12230

Podsakoff, P. M., Ahearne, M., & MacKenzie, S. B. (1997). Organizational citizenship

behavior and the quantity and quality of work group performance. *Journal of*

Applied Psychology, 82(2), 262–270. doi:10.1037/0021-9010.82.2.262

Podsakoff, P. M., MacKenzie, S. B., Moorman, R. H., & Fetter, R. (1990).

Transformational leader behaviors and their effects on followers' trust in leader,

satisfaction, and organizational citizenship behaviors. *Leadership Quarterly*, *1*, 107–142. doi:10.1016/1048-9843(90)90009-7

Podsakoff, P. M., MacKenzie, S. B., Paine, J. B., & Bachrach, D. G. (2000).

Organizational citizenship behaviors: A critical review of the theoretical and empirical literature and suggestions for future research. *Journal of Management*, *26*(3), 513–563. doi:10.1177/014920630002600307

Pooja, A. A., De Clercq, D., & Belausteguigoitia, I. (2016). Job stressors and

organizational citizenship behavior: The roles of organizational commitment and social interaction. *Human Resource Development Quarterly*, *27*(3), 373–405. doi:10.1002/hrdq.21258

Pucic, J. (2015). Do as I say (and do): Ethical leadership through the eyes of lower ranks.

Journal of Business Ethics, *129*(3), 655–671. doi:10.1007/s10551-014-2190-z

Qadeer, F., & Jaffery, H. (2014). Mediation of psychological capital between

organizational climate and organizational citizenship behavior. *Pakistan Journal of Commerce & Social Sciences*, *8*(2), 453–470. Retrieved from <http://www.jespk.net/>

Quinn, R. E. & Rohrbaugh, J. (1983). A spatial model of effectiveness criteria: Toward a

competing values approach to organizational analysis. *Management Science*, *29*, 363–377. Retrieved from <http://pubsonline.informs.org/journal/mnsc>

Robinson, D., Perryman, S., & Hayday, S. (2004). *The drivers of employee*

engagement. Brighton, UK: Institute for Employment Studies. Retrieved

from <http://www.employment-studies.co.uk/system/files/resources/files/408.pdf>

- Roch, G., Dubois, C., & Clarke, S. P. (2014). Organizational climate and hospital nurses' caring practices: A mixed-methods study. *Research in Nursing & Health, 37*(3), 229–240. doi:10.1002/nur.21596
- Schell, W. J., & Kuntz, S. W. (2013). Driving change from the middle: An exploration of the complementary roles and leadership behaviors of clinical nurse leaders and engineers in healthcare process improvement. *Engineering Management Journal, 25*(4), 33–43. doi:10.1080/10429247.2013.11431993
- Sedgwick, P. (2014). Cross sectional studies: Advantages and disadvantages. *BMJ, 4*(348), 2276. doi:10.1136/bmj.g2276
- Settoon, R. P., Bennett, N., & Liden, R. C. (1996). Social exchange in organizations: Perceived organizational support, leader–member exchange, and employee reciprocity. *Journal of Applied Psychology, 81*(3), 219–227. doi:10.1037/0021-9010.81.3.219
- Shahin, A., Naftchali, J. S., & Pool, J. K. (2014). Developing a model for the influence of perceived organizational climate on organizational citizenship behaviour and organizational performance based on balanced score card. *International Journal of Productivity & Performance Management, 63*(3), 290–307. doi:10.1108/IJPPM-03-2013-0044
- Shanker, M. (2012). Organizational citizenship behavior: Leveraging effects on transformational leaders' emotional intelligence. *Aweshkar Research Journal, 13*(1), 63–69. Retrieved from

<http://www.welingkar.org/Corporates/reserchJournalAweshkar.asp?br=6§ion=C>

Sherperis, C. J. (n. d.). *Understanding power and effect size: A practical overview.*

Retrieved from [http://mym.cdn.laureate-](http://mym.cdn.laureate-media.com/Walden/RSCH/8250/10/mm/power_and_effect_size.html)

[media.com/Walden/RSCH/8250/10/mm/power_and_effect_size.html](http://mym.cdn.laureate-media.com/Walden/RSCH/8250/10/mm/power_and_effect_size.html)

Sims, H. P., & LaFollette, W. (1975). An assessment of the Litwin and Stringer

organization climate questionnaire. *Personnel Psychology*, 28(1), 19–38.

doi:10.1111/j.1744-6570.1975.tb00388.x

Singh, U., & Srivastava, K. B. L. (2016). Organizational trust an organizational

citizenship behavior. *Global Business Review* 17(3), 594–609.

doi:10.1177/09721509I6630804

Sun, L., Chow, I. S., Chiu, R. K., & Pan, W. (2013). Outcome favorability in the link

between leader–member exchange and organizational citizenship behavior:

Procedural fairness climate matters. *Leadership Quarterly*, 24(1), 215–226.

doi:10.1016/j.leaqua.2012.10.008

Sutarjo. (2011). Ten ways of managing person–organization fit (P–O fit) effectively: A

literature study. *International Journal of Business and Social Science*, 2(21), 226–

233. Retrieved from <http://www.ijbssnet.com/>

Tang, Y., & Tsaur, S. (2016). Supervisory support climate and service-oriented

organizational citizenship behavior in hospitality: The role of positive group

affective tone. *International Journal of Contemporary Hospitality Management*,

28(10), 2331–2349. doi:10.1108/IJCHM-09-2014-0432

- Teimouri, H., Dezhtaherian, M., & Jenab, K. (2015). Examining the relationship between person–organization fit and organizational citizenship behavior: The case of an educational institution. *Annals of Management Science*, 4(1), 23-44. Retrieved from <http://annalsofms.org/>
- Teti, E., & Andriotto, M. (2013). Effectiveness of employee welfare schemes: Differences of specific professional profiles. *International Journal of Human Resource Management*, 24(17), 3232–3246. doi:10.1080/09585192.2013.763840
- Top, M., Akdere, M., & Tarcan, M. (2015). Examining transformational leadership, job satisfaction, organizational commitment and organizational trust in Turkish hospitals: Public servants versus private sector employees. *International Journal of Human Resource Management*, 26(9), 1259–1282. doi:10.1080/09585192.2014.939987
- Tremblay, M., & Landreville, P. (2015). Information sharing and citizenship behaviors: Mediating the roles of empowerment, procedural justice, and perceived organizational support. *International Journal of Business Communication*, 52(4), 347–368. doi:10.1177/2329488414525459
- Tsai, Y., & Wu, S. (2010). The relationships between organisational citizenship behaviour, job satisfaction and turnover intention. *Journal of Clinical Nursing*, 19(23/24), 3564–3574. doi:10.1111/j.1365-2702.2010.03375.x
- Turnipseed, D. L., & Vandewaa, E. A. (2012). Relationship between emotional intelligence and organizational citizenship behavior. *Psychological Reports*, 110(3), 899–914. doi:10.2466/01.09.20.21.PR0.110.3.899-914

- Ünal, Z. M., & Turgut, T. (2015). The buzzword: Employee engagement. Does person–organization fit contribute to employee engagement? *Iranian Journal of Management Studies*, 8(2), 157–179. Retrieved from <https://ijms.ut.ac.ir/>
- Vandewaa, E. A., Turnipseed, D. L., & Cain, G. (2016). Panacea or placebo? An evaluation of the value of emotional intelligence in healthcare workers. *Journal of Health & Human Services Administration*, 38(4), 438–477. Retrieved from <https://jhhsa.spaef.org/>
- Vilela, B. B., González, J. V., & Ferrín, P. F. (2008). Person–organization fit, OCB and performance appraisal: Evidence from matched supervisor–salesperson data set in a Spanish context. *Industrial Marketing Management*, 37(8), 1005–1019.
doi:10.1016/j.indmarman.2007.11.004
- Vough, H. C., Bindl, U. K., & Parker, S. K. (2017). Proactivity routines: The role of social processes in how employees self-initiate change. *Human Relations*, 70(10), 1191–1216. doi:10.1177/0018726716686819
- Waddoups, C. J. (2016). Did employers in the United States back away from skills training during the early 2000s? *ILR Review* 69(2), 405–434.
doi:10.1177/0019793915619904
- Ward, M., Gruppen, L., & Regehr, G. (2002). Measuring self-assessment: Current state of the art. *Advances In Health Sciences Education*, 7(1), 63–80.
doi:10.1023/A:1014585522084

Yu, T., & Wu, N. (2009). A review of study on the competing values framework.

International Journal of Business and Management, 4(7), 37–42.

doi:10.5539/ijbm.v4n7p37

Zehir, C., Müceldili, B., Altındağ, E., Şehitoğlu, Y., & Zehir, S. (2014). Charismatic leadership and organizational citizenship behavior: The mediating role of ethical climate. *Social Behavior and Personality*, 42(8), 1365–1376.

doi:10.2224/sbp.2014.42.8.1365

Zhang, S. (2014). Impact of job involvement on organizational citizenship behaviors in China. *Journal of Business Ethics*, 120(2), 165–174. doi:10.1007/s10551-013-

1654-x

Appendix A: Document to Send to Office of Alumni

Dear Alumni Director (or actual name of the individual):

My name is Michelle C. Maus, and I am a doctoral candidate at Walden University. My dissertation research study examines the relationship between organizational climate and organizational citizenship behaviors among hospital employees in the United States, and I am writing to ask for your assistance. I am seeking to gather questionnaire data from alumni who have graduated from your university with a two- or four-year healthcare degree (clinical or nonclinical) and who currently work in a hospital setting. More specifically, in your communications with your alumni (e.g., e-mail, listserv, electronic newsletter, etc.), I am requesting that you share the link to my questionnaire, along with a brief overview of the study and invitation to participate.

Following are a few additional details about the study:

- The data will be collected through a voluntary questionnaire via SurveyMonkey.
- The questionnaire should take alumni approximately 10 minutes to complete.
- All responses will be anonymous, and no personally identifiable information will be collected unless the participant wishes to have an e-mailed copy of a summary of the results of the completed study.
- Participating in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as dedicating time to complete the questionnaire when time could be spent on other tasks or stress in recalling perhaps a negative organizational climate. Participating in this study would not pose risk to the participants' safety or well-being.

The primary benefit of this study entails the understanding of organizational climate and its relationship to organizational citizenship behaviors. Aligning organizational climate dimensions in ways that promote organizational citizenship behaviors has the potential to (a) increase employee engagement within healthcare organizations, (b) improve the quality of patient care, and (c) increase overall societal health. This information can be critical to a college or university concerning how best to prepare students for today's workforce, and upon completion of the dissertation, I would be more than willing to share with you a summary of the results of the completed study.

If you agree to facilitate this research project, I have prepared a short introduction to the study that you might consider including in an electronic communication to your alumni:

You are invited to take part in a research study about the relationship between organizational climate and organizational citizenship behaviors of hospital employees in the United States. You are invited to participate in this study because you graduated with a two- or four-year healthcare degree (clinical or nonclinical) and you may currently work in a hospital setting. Your participation consists of completing a questionnaire, which would take approximately 10 minutes to

complete. All responses will be *anonymous*, and no personally identifiable information will be collected unless you wish to receive an e-mailed copy of the finished study including results. Example of the type of items on the questionnaire include the following: “People receive enough training when it comes to using new equipment or a new process” and “Management trust people to make work-related decisions without getting permission first.” To participate in the survey, please click on the following link:

<https://www.surveymonkey.com/r/activitiesandattitudes>.

Walden University’s approval number for this study is 10-12-17-0281123, and it expires on October 11, 2018. In the event you wish to receive an e-mailed copy of the finished study including results, please communicate that interest via e-mail to michelle.maus@waldenu.edu.

Thank you for your time concerning this scholarly endeavor.

Sincerely,

Michelle Maus, MBA
Doctoral Student
Walden University

Appendix B: Questionnaire Items

For the last 6 consecutive months, have you worked in a hospital?

Y or N

For the last 6 consecutive months, have you worked in a clinical capacity within a hospital?

Y or N

In the last 6 months, have one or more employees reported directly to you?

Y or N

Organizational Climate

The response format is a 4-point Likert scale

- 1- definitely false
- 2 - mostly false
- 3 - mostly true
- 4 - definitely true

Autonomy

Management let people make their own decisions much of the time

Management trust people to make work-related decisions without getting permission first

People at the top tightly control the work of those below them

Management keep too tight a reign on the way things are done around here

It's important to check things first with the boss before taking a decision

Integration

People are suspicious of other departments

There is very little conflict between departments here

People in different departments are prepared to share information

Collaboration between departments is very effective

There is very little respect between some of the departments here

Involvement

Management involve people when decisions are made that affect them

Changes are made without talking to the people involved in them

People don't have any say in decisions that affect their work

People feel decisions are frequently made over their heads

Information is widely shared

There are often breakdowns in communication here

Supervisory Support

Supervisors here are really good at understand people's problems

Supervisors show that they have confidence in those they manage

Supervisors here are friendly and easy to approach

Supervisors can be relied upon to give good guidance to people

Supervisors show an understanding of the people who work for them

Training

People are not properly trained when there is new equipment or a new process

People receive enough training when it comes to using new equipment or a new process
 The company only gives people the minimum amount of training they need to do their job

People are strongly encouraged to develop their skills

Welfare

This company pays little attention to the interests of employees

This company tries to look after its employees

This company cares about its employees

This company tries to be fair in its actions towards employees

Effort

People here always want to perform to the best of their ability

People are enthusiastic about their work

People here get by with doing as little as possible

People are prepared to make a special effort to do a good job

People here don't put more effort into their work than they have to

Organizational Citizenship Behaviors:

The response format is a 7-point Likert scale

- 1 - It doesn't describe me at all
- 2 - It doesn't for the most part describe me
- 3 - It is somewhat untrue of me
- 4 - It neither describes or does not describe me
- 5 - It is somewhat true of me
- 6 - It for the most part describes me
- 7 - It describes me completely

I help others who have a heavy workload

I do my job without constant requests from my boss

I believe in giving an honest day's work for an honest day's pay

I do not waste time complaining about trivial matters

I try to avoid creating problems for co-workers

I keep abreast of changes in the organization

I tend to magnify problems

I do not consider the impact of my actions on co-workers

I attend meetings that are not mandatory, but important

I am always ready to give a helping hand to those around me

I attend functions that are not required, but help the company image

I read and keep up with organization announcements, memos, and so on

I help others who have been absent

I respect the rights of people that work with me

I willingly help others who have work-related problems

I always focus on what is right, rather than what is wrong

I take steps to try to avoid problems with other workers

My attendance at work is above the norm

I always find fault with what the organization is doing

I am mindful of how my behaviour affects other people's jobs

I do not take extra breaks

I respect company rules and policies even when no one is watching me

I guide new people even though it is not required

I am one of the most conscientious employee