

Organizational Citizenship Behaviors and Counterproductive Work Behaviors: A Study of Tehran University of Medical Sciences Staff

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Abstract

Introduction: Organizational citizenship behavior (OCB) is associated with major factors such as job satisfaction and organizational commitment and productivity. However, counterproductive work behavior (CWB) as a voluntary behavior of the staff runs counter to the organizational objectives and interests. This research attempts to determine the relationship between OCB and CWB in the headquarters departments' staff of Tehran University of Medical Sciences in Iran.

Methods: This descriptive-analytical and cross-sectional research was conducted in 2015-2016 on 235 staff of Tehran University of Medical Sciences who had been selected via employing Cochran formula. The research instrument included Pudsakoff's OCB Questionnaire including five dimensions of Altruism, Conscientiousness, Sportsmanship, Courtesy and Civic virtue, and the CWB questionnaire developed by Fox and Specter. The validity of the questionnaire was confirmed through content and face validity measures while its reliability was confirmed via alpha Cronbach method. SPSS software was used for analyzing the collected data. Incidentally, the descriptive tables were presented using mean and percentages, while the analytical statistics were provided through Pearson Correlation and Spearman, T-test, ANOVA and Linear Regression Tests.

Results: The OCB was measured to be over the average and was 3.58 ± 0.95 , and the CWB mean was 3.58 ± 1.14 . There was a negative significant correlation between CWB and OCB ($P=0.03$, $r=0.382$). The correlation analyses showed that 14% of the CWB variations could be associated with OCB.

Conclusion: Since only as little as 14% of the CWB is associated with OCB, it seems that other intra-organizational factors such as organizational justice, managers' ethics and organizational requirements could as well impact CWB and thus warrant further research.

Keywords: Organizational citizenship behavior; Counterproductive work behavior; Tehran university of medical sciences

Introduction

Organization is a social structure in which groups of individuals with different mental, social and cultural differences work to attain shared objectives [1]. To fulfill these ends, effective and efficient organizations are required [2]. Provision and enhancement of health care system is one of the challenges of governments to attain sustainable development [3]. Human resources are one of the most important resources of health care organizations if they use these resources effectively and efficiently. Therefore, considering its requirements and issues and establishing organizational climate significantly contribute to fulfill the objectives of these organizations [4].

Human resource could prove disruptive in lack of an effective leadership and run counter to the goals of their organization. This warrants the recognition of various organizational behaviors such as Organizational Citizenship Behavior (OCB) and Counterproductive Work Behavior (CWB) are of particular importance [5]. OCB is a desirable trait for health care organizations because of development of important job satisfaction and organizational productivity. Analyzing this concept provides a variety of extra-role behaviors. However, it is not organized through formal organization and reward system [6,7]. OCB allocate the organizations with more resources and at the same time reduces dependency on formal, and expensive mechanisms [8]. Therefore, if organizations desire effective practices, they need staff to be committed innovation, spontaneous ability and extra-role behaviors which are testimonies to OCB [9]. However, OCB categorize generally in five broad dimensions of Altruism, Conscientiousness, Courtesy, Civic virtue and Sportsmanship [10].

In contrast, Counter-productivity Work Behavior (CWB) as a voluntary behavior by the staff is in conflict with the interests and objectives of the organization (5). In many cases, disruptive working behavior may be in contradiction with OCB. For instance, CWB is contradicted with timely attendance at work, and consequently disruptive working behaviors such as absence, delayed attendance and evasion will be happend [11].

OCB and CWB are inversely related together, that could be associated with the staffs themselves and their performances [12]. Recognizing and understanding OCB and providing an appropriate organizational climate for their manifestation and avoidance of CWB facilitate provision of more desirable performance by the staff which results increased satisfaction by customers and enhanced organizational and individual effectiveness and efficiency [13-15]. Considering the above-mentioned arguments, this research is aimed to determine the relationship between OCB and CWB in the headquarters departments' staff of Tehran University of Medical Sciences. As a matter of fact, the authors have attempted to answer the following questions:

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1. To what extent OCB and CWB are prevalent in the headquarters departments' staff of Tehran University of Medical Sciences?
2. Is CWB significantly associated with OCB and its relevant dimensions in the headquarters departments' staff of Tehran University of Medical Sciences?
3. Are the demographic characteristics significantly associated with the OCB and CWB in the headquarters departments' staff of Tehran University of Medical Sciences?

Materials and Methods

This descriptive-analytical and cross-sectional research was conducted in 2015-2016 on 235 staff of Tehran University of Medical Sciences. The research population was 1912 included all members of the headquarters departments' staff of deputies for health, treatment, students' affairs, culture, education, research and technology, management development and resources planning, food and drugs, and international relations of Tehran University of Medical Sciences.

Using Cochran sampling formula at a confidence coefficient of 94% ($z=1.96$, $p=q=0.5$) and ($d=0.06$), 245 of the staff appropriate to the numbers of each deputy were selected and 235 questionnaires were completed by the respondents which yielded a response rate of 95%.

Data collection instruments were Specter & Fox's CWB [16] and Pudsakoff's OCB questionnaires [17] and the demographic characteristics information. Pudsakoff's OCB Questionnaire had twenty questions which were Altruism (1-4), Conscientiousness (5-7), Sportsmanship (8-10), Civic Virtue (11-13) and Courtesy. Likert Scale was applied for scoring as very high=5, High=4, Medium=3, Low=2 and Very Low=1. The reliability of the OCB questionnaire was assessed to be 79% among 20 members of the statistical population who had not been assigned to the final research sample. The face and content validity of this questionnaire were verified through a panel of experts consisted faculty members of Management Sciences and Health Economics Departments of Tehran University of Medical Sciences.

Specter & Fox's CWB Questionnaire was comprised of 45 questions. Again, Likert Scale was also applied for scoring the items in following denominations: Completely Agree, Agree, No Comment, Disagree and Completely Disagree. This questionnaire categorizes the individuals and organizational counterproductive behaviors. Some of the items contained in this questionnaire are as follows:

"Pretending to be working while doing nothing in practice" and "complaining to people outside the workplace that you are working in a boring and unproductive organizational climate" as organizational counterproductive behavior, and also "mocking coworkers for their good performances" and "pointless arguments and conflicts with colleagues" as individuals counterproductive working behavior.

For this questionnaire, Fox et al. reported an alpha Cronbach of 88% and 96% for the organizational and individuals behaviors, respectively [18]. The validity of the questionnaire was verified by a panel of experts after it was translated by two English translators and then were compared by a third translator. To verify the questionnaire reliability, the researchers employed a group of 20 staff who were not involved in the study and the reliability was calculated to be 86% using by Cronbach formula.

Demographic Information of the staff including the age, gender, marital status, type of employment, place of work, monthly salary, education degree and years of work experiences collected by separate questionnaire.

The collected data was analyzed by SPSS software and the tables, average, and standard deviation were used for presenting descriptive results, and for provision of analytic results Pearson correlation test was conducted to determine the relationship between CWB and OCB and its components, T-test and Spearman and Anova test were carried out to determine the relationship between OCB and the demographic information and the Regression Analysis was used to measure the impression of OCB on CWB among the staff of Tehran University of Medical Sciences.

Results

The results of the demographic details of staff showed that the majority of them were females (162, 67%), in the age range of 30-40 years (96, 74%), married (179, 74%), had BSc. (179, 74%), with 15-25 work years experiences (82, 34%) and employed on a temporary basis (123, 51%) with an average monthly salary of 25,000,000 Rials. Moreover, while the largest portion of the staff (41, 17%) belonged to the Deputy for Development Management and Resources Planning, the smallest number of the staff (9, 3.7%), were working in the Deputy for Cultural Affairs.

The results of Table 1 indicated that the rate of OCB was at a desirable level except for courtesy. Although altruism received the highest score, but the studied staff stated that they adopted the CWB behaviors more than average.

The relationship between the OCB and gender was measured by Independent T test. The results revealed the average score were 3.70 and 3.45 for female and male staff, respectively. Therefore, these scores demonstrated that the females staff were more inclined to the adoption of OCB than their males counterparts ($P=0.01$). However, using Independent T test did not reveal significant differences between the OCB and the marital status of the staff ($P<0.05$). ANOVA test confirmed as well that there was no significant correlation between the OCB and the type of the employment of studied staff ($P<0.05$). Moreover, Spearman Correlation test did not capture any meaningful relationship between the education degree of the staff and their length of work experiences and the adoption of OCB ($P>0.05$).

In other words, the research results revealed a significant and inverse relationship between the CWB of staff and their age ($P=0.01$, $r=-0.35$), education degree ($P=0.01$, $r=-0.65$) and years of work experiences ($P=0.02$, $r=-0.275$). In other words, with increases in age, years of work experiences as well as level of education degree, the extent of CWB behaviors tends to decrease. However, no significant relationship was found between CWB and the marital status of the staff ($P>0.05$).

Finally, using Pearson Correlation Test demonstrated a significant relationship between OCB, and its dimensions and CWB ($P=0.03$, $r=-0.382$). In other words, the increase of OCB and its dimensions could be

OCB and its dimension	Mean and SD
Conscientiousness	3.75 ± 0.65
Altruism	4.93 ± 1.39
Sportsmanship	3.23 ± 1.03
Civic virtue	3.17 ± 1.19
Courtesy	2.82 ± 0.49
OCB total	3.58 ± 0.95
Organizational-associated CWB	4 ± 1.25
Staff-associated CWB	3 ± 1.20
CWB total	3.45 ± 1.84

Table 1: The status of OCB and its dimensions and CWB among the staff.

decreased the dimensions of CWB among the staff of Tehran University of Medical Sciences. Based on Pearson Correlation Test, there was a reverse and significant relationship between CWB and altruism, civic virtue and courtesy, while there was a strong and negative relationship between sportsmanship and CWB (Table 2).

Tables 3 and 4 showed, that correlation analysis confirmed the appropriateness hypothesis of the model that suggesting the impacts of OCB on CWB behaviors at a significance levels of $p=0.001$. R^2 coefficient in Table 4 showed that 14% of changes in CWB could be associated with OCB.

Discussion

Based on the descriptive findings of current research, OCB and its dimensions were assessed to be at a desirable level among the studied staff. Dargahi et al. [19] concluded the rate of OCB among the staff of Tehran University of Medical Sciences was at a higher-than-average level in every OCB component except for altruism. Also, Dargahi and Torabi [20] stated the rate of OCB was lower than average in the hospitals nurses of Tehran University of Medical Sciences. Ahmadi et al. [21] reported the rate of OCB was found to be lower than average among the staff of teaching hospitals of Tehran and Isfahan Universities of Medical Sciences. It seems that from 2012 up to the year of conducting this study, the rate of OCB was fluctuating in Tehran University of Medical Sciences due to changes in policies of human resources management, limited allocation of resources, and the views held by senior managers, and the types of hospitals and jobs selected.

Soon Ang et al. [22] reported the rate of OCB adoption was low in the staff of Singapore which is not consistent with the findings of current study. Moreover, Hoffman et al. [23] believed the adoption of OCB was more than an attitude issue than job performance of the staff. However, the previous studies has demonstrated OCB is associated with a number of organizational variables such as organizational equality [24], trust of the staff to the managers [25], self-management skills [26], job addiction [27], the quality of services provided in hospitals [28], empowering the staff [29], staff productivity [30], organizational commitment [31], the staff respond to the issue of inequality [32], social withdrawal of the staff [33], job satisfaction and characteristics of the staff [34], professional competence of the staff [35], organizational climate and efficiency [36], organizational support and ethical climate [37], job burnout [38], personal characteristics [39], organizational orientation [40], the organizational climate of universities [41] and the creative organizational climate among the students [42].

Other findings of this research revealed a significant relationship between OCB and gender of the staff ($P=0.01$) which is consistent with the research of Dargahi et al. [19]. In other words, female members of the staff were more likely to adopt OCB. Mayel Afshar et al. [43] claimed male staff displayed more OCB which is not consistent with the findings of this research. Although both above researches were conducted in Tehran University of Medical Sciences, but the time of study was carried out, the research community, and naturally their fields of job activity could have impacted the development of these conflicts. Also, the research findings of Fooladai et al. among nurses working in ICU and emergency departments of Kerman teaching hospitals revealed no significant relationship between the adoption of OCB by the staff and other demographic characteristics such as age, education degree and work years of experiences [44] which is consistent with the findings of current research.

This current research suggested the headquarters departments' staff of Tehran University of Medical Sciences adopt individual and organizational-associated CWB, at a more-than-average rate. Different researches confirmed CWB was associated with stressful organizational climate, job deprivation and even job dismissal [45-47], job absence or delays of staff [48] and conflicts among the staff [49]. Furthermore, Fox & Spector as well as Storm & Spector [50,51] showed being job deprivation and organizational benefits contributed to development of CWB. Also, Lim [52] showed that lack of job security conception by the staff caused CWB. The occurrence of various CWB in different organizations of Iran has been proven by the researchers including Chehrizi et al. [53] among the headquarter staff of Tehran Bus Service [53], Gholipour et al. [54] among a public, non-governmental institution in Tehran and Babaeian et al. [55] among the headquarter police of Tehran.

It was also found out that CWB had a reverse significant relationship with age, education degree and length of work experiences among the headquarters departments' staff of Tehran University of Medical Sciences. In other words, with increases in age, years of work experiences as well as level of education degree, the extent of CWB tends to decrease. Ng & Feldman [56] reported increase in age of staff result in reduced rate of CWB and improved staff job performance which is similar to the findings of current research. However, Quinn & Mangione [57] suggested that there was a significant relationship between job satisfaction and CWB just among the staff aged 30 and older. Therefore, the results of current research are consistent with the above-mentioned research. However, Yoon & Jung [58] claimed there was a relationship between CWB and the staff with more than 6.5 years of work experiences in comparison

Correlation	Altruism	Conscientiousness	Sportsmanship	Civic virtue	Courtesy	OCB
CWB	$r=-0.394$	$r=-0.366$	$r=-0.724$	$r=-0.350$	$r=-0.267$	$r=-0.382$
Level of significance	0.01	0.04	0.02	0.01	0.01	0.01

Table 2: The relationship between CWB and OCB components.

Model	Non-standard coefficient		Standard coefficient	T	Sig
	B	Standard error	Beta		
OCB	0.237	0.038	0.382	6.19	0.001

Table 3: Analyzing the correlation between OCB and CWB.

Model	R	R ²	Adjusted R ²	SD
OCB	0.382	0.146	0.142	7.37

Table 4: The regression model of the OCB impacts on CWB.

with other job groups which is not consistent with the results of the current research. Cohen et al. [59] reported that CWB was related to the gender which is not consistent with the results of the current research.

Based on the last finding of current research, there was reverse significant relationship between CWB and OCB and its dimensions in the headquarters departments' staff of Tehran University of Medical Sciences. Also, the regression analyses showed that 14% of the CWB variations could be associated with OCB. Sackett et al. and Gruys et al. [60] could find the difference between OCB and CWB where CWB was inversely related to OCB [61]. Similarly, Allen and O'Brien could find a reverse relationship between the attitudes of 375 staff and their supervisors to OCB and its dimensions and organizational and individual CWB [62]. Walumbwa et al. and Saboe [63,64] stated that the positive attitude of the staff to OCB would discourage CWB among them. Other studies on the relationship between OCB and CWB indicated that these two variables may have a reverse and high relationship in some situations and low and reverse relationship under other conditions [65-69]. Fox and Spector [70] found out there were common positive views in form of active interactions between OCB and CWB, and thus choosing one behavior would exclude the other. In some situations, these active behaviors may take place concurrently or independently. It seems that five states could prompt the staff to choose the other behavior: mental pressures at work, lack of cooperation among the staff, limited organizational resources allocation, no rewards for adoption of OCB and unjustifiable CWB. Dalal [71] believed OCB and CWB display themselves by different patterns in terms of their adoption by the staff. These types of behaviors are modified by the source of grading, the occurrence of competing issues and the options of respondents. The current perspective indicated the adoption of both OCB and CWB at an average rate among the staff of every organization. Wahyu Ariani et al. and Hafidz [72,73] reported there was a reverse average relationship between OCB and CWB, and thus it seems these behaviors are separately structured, but are related to each other in some way or another.

This research had its own limitations. First, it was carried out at a certain time period and thus its results may not be consistent with other time periods. Second, the information was collected via questionnaires in form of self-assessments which may bias the results. Third, the results were obtained in the headquarters departments staff of Tehran University of Medical Sciences, and thus the results may not be interpolated to other parts of the country.

Conclusion

The current research findings show that the more positively the staffs perceive OCB, the less likely they are to adopt CWB. In other words, OCB is effective in undermining CWB. Most researches carried out in this domain confirm the results of the present research. Therefore, health care organizations need staffs that are inclined to perform extra-role or OCB in addition to their own expected functions. In other words, if the managers of organizations provide the appropriate organizational environment for the staff in which decisions are made democratically, organizational goal setting satisfies the staff, paying rewards are equitable and the barriers of effective communication are removed, they are encouraged to perform extra functions which ultimately decreases the rate of CWB.

Considering the reverse impacts of OCB on CWB, the managers of Tehran University of Medical Sciences are highly recommended to focus on developing the factors and dimensions of OCB and familiarize their staff with this theory and its benefits via establishment of training courses to minimize or prevent the occurrence of CWB in their own departments.

Since only as little as 14% of the CWB is associated with OCB, it seems that other intra-organizational factors such as organizational justice, managers' ethics, quality of work life, organizational culture, conflicts, personality and individual diversity of the staff, job stress, and leadership style could as well impact CWB and thus warrant further research in future.

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Authors' contribution

Somayah Koiek and Hossein Dargahi participated in the design of this study, data collection, and Hossein Dargahi interpreted the results and written the manuscript. All authors read and approved the final manuscript.

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