

The Relationship between Organizational Citizenship Behavior, Job Satisfaction, and Occupational Stress among Midwives Working in Healthcare Centers of Mashhad, Iran, 2014

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ARTICLE INFO

Article type:
Original article

Article History:
Received: 10-July-2015
Accepted: 22-Nov-2015

Key words:
Behavior
Job satisfaction
Midwife
Occupational stress
Organizational citizenship

ABSTRACT

Background & aim: Organizational citizenship behavior (OCB) is a voluntary, organizationally desirable action that is not part of the employee's formal job requirements. Job satisfaction and stress can affect mental health of midwives, and investigating the relationship between these variables can improve the quality of healthcare services. This study, therefore, was conducted to identify the relationship between OCB, occupational stress, and job satisfaction in Iranian midwives.

Methods: This descriptive-correlational study was performed on 122 midwives working at healthcare centers of Mashhad, Iran, in 2014. The participants were chosen using a census approach. The tools for data collection included a demographic questionnaire, Podsakoff's OCB Questionnaire, Minnesota Satisfaction Scale, and Karasek's Job Content Questionnaire. Data analysis was carried out using Spearman and Pearson's correlation, one-way ANOVA, and student t test were by SPSS version 20.

Results: The mean age of the midwives was 38.46 ± 7.22 years. OCB had a significant direct correlation with job satisfaction ($r=0.223$) and a significant negative correlation with job stress ($r=-0.270$) ($P<0.05$) of midwives. Mean scores of OCB and its dimensions were higher than average. The majority of midwives (59.0%) were satisfied with their job and most of them (61.5%) had a moderate level of occupational stress. A significant direct correlation was found between OCB and occupational experience ($P=0.034$), while there was no significant correlation between OCB and demographic or job variables. Moreover, there was no significant correlation between job satisfaction, occupational stress, and demographic/job variables.

Conclusion: OCB had a significant direct correlation with job satisfaction and an inverse correlation with occupational stress.

► Please cite this paper as:

Nourani Sadodin S, Kohansal Daghighan Z, Esmaily H, Hooshmand E. The Relationship between Organizational Citizenship Behavior, Job Satisfaction, and Occupational Stress among Midwives Working in Healthcare Centers of Mashhad, Iran, 2014. Journal of Midwifery and Reproductive Health. 2016; 4(2): 622-630.

Introduction

Midwives and nurses provide 80% of patient care (1), and they play an important role in caring for women during pregnancy, childbirth, and postpartum period. Their behavior such as providing voluntary service can have a significant impact on the perception of service quality and customer satisfaction, and might promote the quality of health care services (2-4).

Moghimi quoted from Morrison that organizations need employees who are willing to go beyond their prescribed official duties, and healthcare centers are not exempt from this. Extra-role behaviors, which are described as performing beyond formal job requirements, is called organizational citizenship behavior (OCB), which has drawn the attention of numerous

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researchers during the recent years (5).

OCB is a concept describing a person's voluntary commitment within an organization or company that is not part of his or her contractual tasks and is not rewarded by the system. OCB is assumed to improve the organizational roles and performance and to have a significant impact on the quality of employees' relations (6, 7).

OCB has five dimensions including conscientiousness, altruism, courtesy, sportsmanship, and civic virtue. Conscientiousness consists of behaviors that go beyond the minimum role requirements of the organization. Altruism is defined by discretionary behaviors such as helping a colleague with an organizationally relevant task or problem. Sportsmanship signifies the employee's tolerance of less-than-ideal organizational circumstances without complaining and blowing problems out of proportion.

Courtesy is defined as discretionary behaviors preventing work-related conflicts with others. Finally, civic virtue is characterized by behaviors that indicate the employee's deep concern and active interest in the life of the organization (8). Rahimikian et al. (2012) reported that 98.7% of midwives had favorable level of OCB (9).

Mahjoob-Eshratabadi et al. (2012) performed a study in Tehran, which showed that conscientiousness, altruism, sportsmanship, and courtesy scores were above average; while civic virtue score was much lower than average among female experts in Tehran University (10).

OCB is vital for service providers and has a direct positive impact on quality of service and consequently, on the profitability of the organization. Additionally, such behaviors can increase performance and efficiency of the organization (4, 11). OCB is one of the indicators of high job satisfaction and performance, which can lead the organization toward its goals (6, 12).

Former studies demonstrated that employees with high level of job satisfaction were more likely to have OCB congruence (12, 13). Job satisfaction is one of the important indicators of proper organizational behavior, and is an important variable in organizational theories and studies (14). Predictive factors of job satisfaction play an important role in increasing the efficiency of

nurses and midwives, which that can in turn, improve the quality of healthcare services (15).

Job satisfaction is defined as a positive emotional state resulting from a person's appreciation of his/her own work or experience and reflects interest in job (16). Job satisfaction can improve productivity and performance of healthcare providers (6, 17). In medical services, job satisfaction is considered critical since public health is guaranteed by healthcare providers (18). Job satisfaction is associated with management, interpersonal relationships, career advancement opportunities, job security, income, and educational level (2).

In addition, job dissatisfaction is associated with factors such as low income, lack of job advancement opportunities and feeling success, not having decision-making power, long working hours, heavy workload, and shortage of time (16). Several researchers including Khorasani et al. (2011) and Intaraprasong et al. (2012) accentuated the relationship between job satisfaction and OCB (12, 19).

Physical and mental health of employees is to some extent affected by job satisfaction (17). Several studies exhibited an inverse relationship between occupational stress and job satisfaction (20). Occupational stress is another factor influencing mental health (21); today, occupational stress has become a major health problem that is experienced in every occupation (20).

Studies showed that healthcare can be a stressful field (22, 21); occupational stress is perceived as an individual's reactions to work environment, indicating a poor fit between the individual's abilities and his/her duties (23), and it can exacerbate when employees do not feel supported by their supervisors or colleagues, or feel as if they cannot cope with work pressure (1).

Work stressors include heavy responsibilities in the organization, unpaid overtime, excessive workload, technological changes, need for high productivity, intense competition, and lack of job security (24). Stress might lead to reduced productivity and have a negative impact on organizational performance (20, 24).

Studies demonstrated that 50-60% of reasons for resigning from work were associated with occupational stress (1). Job stress is also related to fatigue at the end of the working day, tendency to leave the job, and

desire to work elsewhere (25). A study by Mohamadirizi (2012) exhibited that 58.7% of midwives had severe occupational stress (22).

Hasheminegad (2013) reported that 60.8% of midwives were suffering from some degrees of mental disorders (21). Job stress can cause physical symptoms such as fatigue, headache, hypertension, pain in the back and shoulders, sleep disorders, appetite changes, and gastroenteritis problems. It can also have psychological symptoms such as forgetfulness, concentration difficulties, anger, fear, depression, and complaining from others (23, 24).

There is no agreement regarding the relationship between job stress and OCB. Some studies have supported a negative relationship between job stress and OCB, while some others consider it as a factor which can lead to increased stress in employees (26-28). Ansary et al. (2010) conducted a study in the Iranian offshore oil drilling company employees, which did not demonstrate a significant relationship between job stress and OCB (29).

Midwives have a critical role in caring for mothers and children's health and OCB is essential in them; however, job stress is relatively high in this profession. Give the scarcity of studies in field of midwifery, this study was conducted to determine the relationship between job satisfaction, occupational stress, and OCB.

Materials and Methods

This descriptive-correlational study was carried out in 122 midwives working at healthcare centers of Mashhad, Iran, during 2014. The inclusion criteria were: 1) willingness to participate in the study, 2) having midwifery certificate for at least two years, 3) working experience of at least six months, 4) having at least associate degree in midwifery, 5) no history of psychological disorders over the last year, and 6) not experiencing major stress (e.g., having a serious illness, death of a close relative, immigration, accident, or severe family conflicts) during the past six months. Some of the eligible samples were excluded due to lack of willingness to participate in the study.

Before performing the study, a letter of recommendation was obtained from School of

Nursing and Midwifery, Mashhad University of Medical Sciences, to be presented to the heads of healthcare centers across the province (Khorasan Razavi). After obtaining approval of the authorities of the healthcare centers number 1, 2, 3, 5, and Samen and providing a letter of recommendation from them to all health clinics under their supervision, sampling was allowed.

The researchers attended healthcare centers and clinics in the morning and explained the objectives of the study to the participants. The samples were assured of confidentiality of personal information, and written informed consent was obtained from the midwives.

In case of eligibility for the study, the midwives completed the questionnaire related to demographic and job characteristics, OCB, occupational stress, and job satisfaction. Data collection instruments included a demographic and job characteristic form, Podsakoff's OCB Questionnaire, Karasek's Job Content Scale, and Minnesota Job Satisfaction Questionnaire.

The OCB scale, containing 24 items, can be divided into five subscales of altruism, conscientiousness, sportsmanship, courtesy, and civic virtue. Responses to the items are based on a 5-point Likert type scale. Five items are related to each of the subscales of conscientiousness, sportsmanship, courtesy, and altruism, while civic virtue has four items.

High scores from the OCB questionnaire indicate high OCB congruence. Shekarkan et al. (2001) first used and validated this questionnaire; moreover, Shekarkan et al. (2001) confirmed the reliability of the questionnaire using Cronbach's alpha coefficient ($\alpha=0.90$). OCB and its dimensions' reliabilities were re-established in a study by Mahjoob-Eshratabadi (2011) using Cronbach's alpha coefficient ($\alpha=0.87, 0.74, 0.83, 0.77, 0.74, \text{ and } 0.76$ for OCB, conscientiousness, sportsmanship, civic virtue, courtesy, and altruism, respectively).

In the present study, reliabilities of OCB and its subscales were calculated to be $\alpha=0.96, 0.87, 0.92, 0.88, \text{ and } 0.89$, respectively. Hypothetical mean score was used to evaluate the mean of the OCB and its dimensions.

Karasek's Job Content Questionnaire is a standardized instrument assessing job stress. It consists of 34 questions related to five domains

including decision latitude or job control, psychological demands, social support, inconvenience of hazardous working environments, and job insecurity

The items of Karasek’s Job Content Questionnaire are responded to using a 3-point Likert type scale (ranging from 0 to 3). The possible total scores range from 0 to 133 (0-42: slight; 42-84: moderate; 85-133: severe job stress). Reliability of this questionnaire was confirmed in a study by Mohamadirizi (2012), which calculated the Cronbach’s alpha coefficient to be 0.88 (22). In the present study, its reliability was estimated through Cronbach’s alpha coefficient ($\alpha=0.86$).

Long form of Minnesota’s Job Satisfaction Questionnaire consists of 100 questions, while its standard and shortened version is comprised of 20 questions. Items of the short form of this questionnaire are rated on a 5-point Likert scale

(1: very dissatisfied, 2: dissatisfied, 3: can’t decide, 4: satisfied, and 5: very satisfied).

In this study, the short form of Minnesota Job Satisfaction Questionnaire was used with total scores ranging from 20 to 100. Several studies estimated the reliability of this questionnaire to range between 0.78 and 0.93 (31). In this study, Cronbach’s alpha coefficient was used to re-confirm its reliability ($\alpha=0.80$).

Statistical analysis

The data were analyzed using descriptive and inferential (Kolmogorov-Smirnov, t-Student’s test, one-sample t-test, one-way ANOVA, general linear regression, Pearson and Spearman’s correlation coefficients, and linear regression model) statistics. SPSS version 20 was employed to analyze the data, and P-value less than 0.05 was considered statistically significant.

Table 1. Distribution of demographic and occupational variables and correlations between organizational citizenship behavior, job satisfaction, and occupational stress

Variables			Organizational citizenship behavior	Job satisfaction	Job stress	
Age(year)	Mean±standard deviation (SD)	38.46±7.22	r=0.047	r=-0.005	r=-0.116	
	Max-Min	23-50	P=0.608	P=0.952	P=0.205	
Work experience (year)	Mean±SD	12.97±6.82	r=0.193	r =0.025	r=-0.085	
	Max-Min	0.75-27	P=0.034	P=0.789	P=0.357	
Marital status No.(percent)	Married	26(21.50)	97.30±9.91	76.73±10.03	45.84±12.02	
	Single	96(78.50)	94.11±9.85	73.89±9.29	44.58±6.91	
P-value			P=0.149	P=0.177	P=0.614	
Educational level No.(percent)	Associate of science	11(9.0)	91.00±11.64	79.18±8.56	44.36±7.27	
	BSc and MSc	111(91.1)	95.17±9.70	74.03±9.47	44.09±8.29	
P-value			P=0.184	P=0.086	P=0.581	
Employment status No.(percent)	Governmental employee	87(71.3)	7.74±95.72	8.92±74.32	8.12±44.11	
	Short-term contract employee	5(4.1)	100.02±10.86	16.24±76.40	13.08±46.60	
	Apprentice	9(7.4)	18.70±91.22	6.50±73.55	6.30±44.37	
	Long-term contract employee	13(10.7)	7.77±88.76	11.69±75.46	9.79±47.84	
Contract employee			8(6.6)	16.60±94.00	11.70±74.75	4.56±47.50
P-value			0.053=P	0.978=P	0.865=P	
Employment unit No.(percent)	Prenatal	103(84.47)	9.58±95.56	9.84±74.37	8.56±44.58	
	Child and family planning	9(7.40)	7.30±91.88	7.28±74.55	7.19±47.55	
	Child, vaccination, and family planning	10(8.20)	13.63±89.50	7.87±75.70	5.57±45.20	
P-value			0.119=P	0.916=P	0.585=P	

Table 2. Comparison between mean scores of organizational citizenship behavior and its aspects and hypothetical mean score

Variable	Organizational citizenship behavior	Altruism	Conscientiousness	Sportsmanship	Courtesy	Civic virtue
Mean±standard deviation	94.79±9.91	3.04±19.54	20.34±2.72	20.39±2.77	2.61±20.79	2.57±13.72
Hypothetical mean*	72	15	15	15	15	12
P-value	t=16.496 P=0.000	t=21.623 P=0.000	t=21.626 P=0.000	t=21.452 P=0.000	t=24.500 P=0.000	t=7.380 P=0.000

*According to the questionnaire, Likert scale ranged from 1 to 5, the mean score was calculated to be 3. The number of questions multiplied by the estimated mean and assumed mean obtained for each dimension of organizational citizenship behavior

Results

In this study, 122 midwives working at healthcare centers of Mashhad were studied. The mean age of midwives was 38.46±7.22 years. There was a significant correlation between OCB and years of service ($P=0.034$, $r=0.193$), while there was not a significant correlation between OCB and other demographic or occupational variables ($P>0.05$).

Occupational stress and job satisfaction were not significantly correlated with any of the demographic and job variables ($P>0.05$; Table 1). The results of our study showed that mean scores of OCB and its dimensions were higher than the hypothetical means (Table 2). The mean scores of occupational stress and job satisfaction were 74.50±9.48 and 44.85±8.25, respectively. The majority of the midwives (59.0%) were satisfied with their job and most midwives (61.5%) had moderate level of job stress (Table 3).

The results of correlation, as can be observed in Table 4, demonstrated that there was a significant direct relationship between OCB, courtesy ($P=0.014$), and job satisfaction ($P=0.026$). In addition, there was a negative

correlation between OCB and altruism ($P=0.003$), sportsmanship ($P=0.005$), civic virtue ($P=0.031$), and job stress ($P=0.015$).

In order to control for intervening variables, job satisfaction, occupational stress, age, and occupational experience as independent variables and OCB as a dependent variable were entered into general linear regression model. It was found that job stress, age, and work experience had a significance level of less than 0.05 and were considered as effective variables in OCB (Table 5).

Table 3. Frequency distribution of midwives according to job satisfaction and severity of occupational stress

Variable	No.	Percent	
Job satisfaction	Very dissatisfied	0	0.0
	Dissatisfied	3	2.5
	Can't decide	27	22.1
	Satisfied	72	59.0
	Very satisfied	20	16.4
Occupational stress	Low	46	37.7
	Moderate	75	61.5
	Severe	1	0.8
Total	122	100.0	

Table 4. Correlation between mean scores of organizational citizenship behavior and its dimensions and occupational stress and job satisfaction

Variable	Organizational citizenship behavior	Altruism	Conscientiousness	Sportsmanship	Courtesy	Civic virtue
Job satisfaction	0.223*	0.166	0.107	0.119	0.202*	0.154
Job stress	-0.270**	-0.254**	-0.146	-0.196*	-0.142	-0.222*

*The significance level was considered less than 0.05

**The significance level was considered less than 0.01

Table 5. General linear regression model and predictors of organizational citizenship behavior

Variable	B	t	P-value
Job stress	-0.333	-3.218	0.002
Age	-0.585	-2.644	0.009
Work experience	0.066	3.414	0.001

R²=0.172

Discussion

This study was carried out to assess the relationship between OCB, job satisfaction, and occupational stress in midwives working at healthcare centers of Mashhad, Iran. The results showed that there was a significant direct correlation between OCB and job satisfaction.

Our results were in agreement with the findings of the studies performed by Dehghani et al. (2014), Zerat et al. (2014), and Intaraprasong (2012) (12, 13, 26). In the current study, there was a significant negative correlation between OCB and job stress, whereas Ansary (2010) did not find a significant correlation between OCB and job stress; however, job stress was indirectly associated with OCB through job satisfaction, organizational commitment, and effects of these two variables (29). Findings of a study by Bolino et al. (2010) were not consistent with those of the current study. Bolino demonstrated a direct correlation between OCB and occupational stress; this discrepancy may be due to different study designs.

In studies by Zerat et al. (2014), Jain (2012), and Sohrabizadeh et al., (2010) a negative correlation between OCB and job stress was reported, which is quite in line with our results (6, 26, 27).

Job stress can affect mental health (21), as it can promote OCB in employees (32), which might be due to the inverse relationship between these two variables. In this study, mean scores of OCB and its dimensions were above average, which is consistent with the results of Rahimikian et al. study, conducted in Lorestan (9).

Mahjoob-Eshratabadi showed that mean scores of OCB and all its dimensions, except for civil virtue, were above average; this inconsistency might be due to differences in the study environments and job types (10).

In the present study, there was not a significant correlation between OCB and marital status, employment status, and employment unit; several studies including the one conducted by Dehghani et al. (2014), confirmed this result (13).

In addition, there was a significant direct relationship between OCB and years of service, that is, as years of service increases employees are more likely to display OCB, which might be due to higher job commitment.

Highly experienced employees help their less experienced colleagues and provide them with their own experiences, which is similar to the results of Mahjoob-Eshratabadi study (10), but it is not in line with those of Ghanbari (2011) and Jain (2012) studies. This difference could be secondary to different study populations (6, 33).

The results of Dehghani et al. (2014), Jain (2012), and the present study, did not show a significant relationship between OCB and age (6, 13), while Ghanbari (2011) proposed a significant association between age and OCB. This inconsistency could be related to larger sample size, using Oregon and Fareh questionnaire for assessing OCB, and difference in age range of the samples (33).

The results of the present and Jain's (2012) studies showed no significant difference between different educational levels in terms of OCB (6). Nevertheless, the study by Mahjoob-Eshratabadi demonstrated a significant direct relationship between OCB and educational level (10). The difference in results might be due to the number of samples with diploma and MSc degrees. In this study, 9% and 1.6% of the samples had diploma and MSc degrees, respectively.

However, in the Mahjoob-Eshratabadi study, 24% of the participants had diploma and 20% had MSc degree. In this study, 59% of the midwives were satisfied and 16.4% were very satisfied with their job. These results were congruent with the findings of the study performed by Warmlink et al. (2015) in the Netherlands (2). However, it is not in line with Shafeie (2010) and Mirmolaei (2004) results, and the difference may be due to differences in the type of data collection instruments, sample size, and study setting (34, 35). No significant relationship was found among demographic variables, job characteristics, and job

satisfaction, which is similar to the results of Nadem et al. (36).

In the study by Dehghani et al. (2014), no significant correlation was observed between job satisfaction, age, marital status, and occupational experience. Nevertheless, in the current study, there was a significant relationship between job satisfaction, education level, and occupational experience. This discrepancy in results can be as a result of different data collection instruments, sample sizes, and study populations (13).

According to the results of the current study, there is a significant negative correlation between occupational stress and job satisfaction that is in line with the Yaacob et al. (2015) and Zerath results (20, 26).

In this study, the majority of midwives (61.5%) had moderate level of stress. This result is consistent with findings of Enjezab et al. (2002) and Hasheminegad et al. (2013) (21, 25). However, the results of Mohamadirizi (2013) showed that 58% of midwives had severe or very severe job stress (22).

In this study, all the midwives were employed in healthcare centers and clinics, while in Mohamadirizi study, 69.3% of midwives were working in hospitals; the difference in the level of job stress is probably related to working environment and conditions. In addition, no significant correlation was found between job stress and the demographic/job variables.

The aforementioned findings were in line with those of Hasheminegad et al. study (2013) (21). Hadizadeh et al. (2013) carried out a study in 180 midwives (90 working in hospitals and 90 working in healthcare clinics) in Mashhad. In their study, no significant relationship was found between job stress, educational level, and employment status, while job stress was significantly lower in older and married samples (31).

Findings of a study by Hadizadeh were not consistent with the results of this study; it seems that the difference could be due to the use of visual analogue scale for measuring job stress and different workplace settings.

According to our findings, OCB has a direct relationship with job satisfaction and has a significant negative correlation with

occupational stress; therefore, healthcare authorities should pay more attention to the factors promoting OCB. These results can aid healthcare provider to be more satisfied with their career and mitigate their job stress, which can lead to promoting quality of care services.

The limitation of our study was unwillingness of some of the midwives to participate in the study. One of the strengths of this study is that the instruments of this study were used in several other studies. Moreover, this study was the first attempt to evaluate factors related to OCB in midwives working in healthcare centers of Mashhad.

Acknowledgements

This study was extracted from a Master's thesis, approved on 12.07.1393 (code :930476) by Mashhad University of Medical Sciences. We would like to thank Deputy of Research of the university for financial support. We would also like to express our gratitude toward the midwives for their cooperation.

Conflicts of Interest

The authors declare no conflicts of interest.

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