© Kamla-Raj 2013 J Psychology, 4(2): 87-93 (2013)

Perceived Organisational Support, Work Engagement and Organisational Citizenship Behaviour of Nurses at Victoria Hospital

Dumisani Mathumbu[1] and Nicole Dodd[2]

[1]Department of Industrial Psychology, University of Fort Hare, P/B X1314, Alice, Republic of South Africa, 5700
[2]Department of Industrial Psychology, University of Fort Hare, Alice, Eastern Cape, South Africa, 5720
E-mail: [1]<mathumbud@yahoo.com>, [2]<nixdodd@gmail.com>

KEYWORDS Nursing. Healthcare. Discretionary Behaviour. Altruism. Extraordinary Role Behaviour

ABSTRACT This study explored the relationship between perceived organisational support, work engagement and organisational citizenship behaviour amongst nurses at the Victoria hospital in Alice, Eastern Cape, South Africa. Simple random sampling was used to draw a sample of n=106. The study tested the relationship between perceived organisational support, the extent to which employees feel valued and nurtured by their employers, and organisational citizenship behaviour, positive discretionary behaviour employees embark upon. This relationship was found to be a positive one (r=0.23, p.01). The study also found that work engagement was highly significantly and positively correlated with organisational citizenship behavior (r=0.41, p.001). Finally, the study explored the relationship between perceived organisational support and work engagement. The findings of the study demonstrated that there is also a significant moderate correlation between perceived organisational support and work engagement (r=0.31 p.001). These findings suggest that hospital administrators should find ways to improve nurses' perceptions of organisational support in order to enhance engagement and organisational citizenship behaviour. Perceived organisational support is not the only precondition for work engagement and organisational citizenship behaviour, as evidenced by the weak correlation. Nurses who perceive that they are supported by their employers will be more likely to display organisational citizenship behaviour than those who are not supported and do not feel engaged in work.

INTRODUCTION

The Eastern Cape is the second largest province in the country. Its healthcare system is facing a staffing crisis, with the highest levels of staffing vacancies in the country. There is only one professional nurse per 1,278 people (Health Services Trust 2013). Victoria hospital in Alice has been described as an ailing hospital, despite having once been a pioneering centre of healthcare education in the country (Makhubu 2007). The hospital was founded in 1898 by missionaries and now treats approximately 2000 patients from 58 surrounding rural villages and hosts Lilitha nursing college. The hospital serves an overall population of 83,000 (Eastern Cape Department of Health 2013). This study will examine the relationship between perceived organisational support, work engagement and how they relate to organisational citizenship behaviour amongst the nursing staff at the Victoria hospital in Alice, Eastern Cape.

Organisational citizenship behaviour refers to the willingness of employees to go beyond the formal specifications of work roles, also known as extra-role behaviours (Tepper et al. 2001; Ahmedet al. 2012). Greenberg and Barrow (2008:433) define these forms of behaviour as informal, with people who engage in them going beyond what is formally expected of them to contribute to the well-being of their organisation. Nurses perform better when they perceive that they are supported by their organisations and engage in organisational citizenship behaviour (Kwak et al. 2010). During staff shortages, nurses not only do their own work but do the work of others, resulting in stress, dissatisfaction and subsequently, staff turnover (Makoka et al. 2010). Engagement is characterised by energy, involvement, and efficacy, the direct opposite of the three burnout dimensions namely exhaustion; cynicism and inefficacy. The antithesis of engagement is burnout, which is strongly associated with staff turnover amongst nurses (Freeney and Tiernan 2009).

Address for correspondence:
Dr. N.M. Dodd
77 Campbell Street, Fort Beaufort,
Eastern Cape, South Africa, 5720,
Telephone: +27466451741
Fax: +27865767561
E-mail: nixdodd@gmail.com

Two factors potentially affecting organisational citizenship behaviour will be examined, these are work engagement and perceived organisational support. Work engagement refers to physical, cognitive and emotional participation in work (Kahn 1990), which may be increased through employee perceptions that they are supported and valued by their employers.

Organisational citizenship behaviour is associated with the extent to which nurses receive organisational support (Ferris et al. 2009). Organisational support theory emphasises that employees form general opinions concerning how much the organisation values their contributions and cares about their well-being, this perceived organisational support translates into higher levels of effort from the employee (Colakoglu et al. 2010).

The extent to which employees perceive that their organisation supports them depends on the rewards offered by the organisation for the employees' efforts at work (Andrews and Kacmar 2001). Further to this, if an employee feels that they are a part of the organisation and that they matter to the organisation, they will view their relationship with their employer more favourably. The level of support provided by the organisation as perceived by the employee may have a direct relationship with how employees engage in both their job and other work related behaviours such as organisational citizenship behaviour.

Statement of the Problem

Wildschut and Mqolozana (2008) state that the South African healthcare sector is characterised by a lack of qualified nurses, with the Eastern Cape having the greatest shortage of healthcare workers in the country (Health Services Trust 2013) and performing third worst in the Country (Ellis 2013) in a recent healthcare audit. The province achieved only a 51% compliance score across six broad metrics covering effective hospital administration and healthcare (Health Services Trust 2013).

Nurses have cited unsatisfactory working conditions, low-paying jobs and a general need for a better life as reasons for exiting the profession- these conditions are the antithesis of the antecedents required for perceived organisational support (Wayne et al. 1997). Nurses have also complained of overwork in hospitals, partially attributable to the failure of the primary healthcare system in the province. They have also reported high levels of absenteeism as a result of the work overload they experience, placing further pressure on remaining staff reporting for duty (Health Services Trust 2013). Specific problems facing Victoria hospital are crumbling and ageing infrastructure, lack of medical equipment, inadequate safety and staffing inefficiencies (Makhubu 2007).

The attraction and retention of skilled employees is problematic as, in times of skills shortages, employees have other employment options available, locally and abroad (Butter and Waldroop 1999). This is the case for nurses as globally, they are in short supply. This affects the quality of healthcare in South Africa (Littlejohn et al. 2012). This problem is exacerbated by maladministration within the country, particularly in health human resources systems, a reduction in the number of nurses entering the profession and the loss of nurses from the sub-Saharan area as a result of emigration (Mujanjana et al. 2005).

Human resources practitioners must identify means of retaining and engaging staff currently within the system, as they are a valuable commodity that is not readily replaced. Staff shortages at Victoria hospital (Health Systems Trust 2013) mean that staff are facing increasing workloads and are expected to demonstrate organisational citizenship behaviour in adverse conditions. The onus is on health human resources practitioners to identify ways of supporting their staff in order to facilitate engagement and extraordinary behaviour.

Aim

The aim of the study is to explore whether perceived organisational support and work engagement contribute to organisational citizenship behaviour of nurses.

Objective of the Study

The main purpose of the study is to explore the relationship between perceived organisational support, work engagement and organisational citizenship behaviour amongst nurses at the Victoria hospital in Alice, Eastern Cape. This premise is based on the social exchange theory by Cropananzo and Mitchell (2005) who argue that obligations are generated through a series

of interactions between parties who are in a state of reciprocal interdependence. The notion of reciprocal interdependence in the employment relationship is consistent with Robinson et al.'s (2004), description of engagement as a two-way relationship between the employer and employee. The norm of reciprocity, a form of distributive justice, suggests that individuals treat others in a manner concordant with how they want to be treated (Turk 1963).

Hypotheses

H_1: there is a relationship between perceived organisational support and organisational citizenship behaviour.

H_2: there is a relationship between work engagement and organisational citizenship behaviour.

H_3: there is a relationship between perceived organisational support and work engagement.

Literature

The South African healthcare system is characterised by a shortage of qualified professionals, unsatisfactory working conditions and low wages (Wildschut and Mqolozana 2008). This environment is the antithesis of what is needed in order to achieve perceived organisational support (Wayne et al. 1997) which is defined as "the extent to which the organisation values employee's contribution and cares about their well-being" (Strauss and Sayles 1990:26). Strauss and Sayles (1990) mention three critical preconditions for perceived organisational support namely fostering feelings of approval, improving quality of supervisor-subordinate relationships and ensuring that employees have the opportunity to grow personal relationships with colleagues. Additionally, fair treatment and disciplinary processes are necessary for nurturing organisational support. Based on organisational support theory (Eisenberger et al. 1986), general forms of favourable treatment by an organisation are conceived as fairness, supervisor support, organisational rewards and work conditions. Empirical studies have supported the contention that favourable working conditions and rewards are related to perceived organi-sational support (Wayne et al. 1997). Perceived organisational support has been found to be related to, yet distinct from, affective organisational commitment (Rhoades et al. 2001). This type of support is conceived as effort-reward experiences (Eisenberger et al. 1990), continuance commitment (Shore and Tetrick 1991), leader-member exchange (Setton et al. 1996), supervisor support (Kottke and Sharafinski 1998), perceived organisational politics (Andrews and Kacmar 2001) and job satisfaction (Acquino and Griffeth 1999).

Social exchange theory argues that obligations are generated through a series of interactions between parties who are in a state of reciprocal interdependence. The basis of social exchange theory is that a relationship evolves over time into trusting, loyal and mutual commitment as long as the parties abide by the set rules of exchange (Cropanzano and Mitchell 2005). This is consistent with Robinson et al.'s (2004) description of engagement as a two-way relationship between the employer and employee. In summary, social exchange theory provides a theoretical foundation to explain why employees choose to become more and more engaged in their work and with organisations they work for, through the perception of support and the building of mutual reciprocity.

Work engagement has become a widely used term. However, there has been little academic and empirical research on it as noted by Robinson et al. (2004). Mally (2009:7) defined employee engagement "as an individual's sense of purpose and focussed energy, evident to others in the display of personal initiative, adaptability, effort and persistence directed toward organisational goals". Work engagement is "a positive, fulfilling, work related state of mind that is characterized by vigour, dedication and absorption" (Schaufeli et al. 2002:74). Kahn (1990) describes engaged employees as being "fully physically, cognately and emotionally connected to their work roles." There are two critical components involved in work engagement namely attention and absorption. Attention refers to cognitive availability and amount of time an employee spends thinking about his or her work role, while absorption means being engrossed in a work role and refers to the intensity of an individual's focus on a specific role (Rothbard 2001).

Engagement and organisational citizenship behaviour have a good fit at face value as personal engagement is the "harnessing of organisation members to their work roles; in engagement, people employ and express themselves physically, cognitively and emotionally during

role performances" (Kahn 1990:64). Engagement is thus a general cognitive and affective state associated with fulfilment, vigour and dedication (Schaufeli et al. 2002). This conceptualisation of engagement ties in neatly with organisational citizenship behaviour as defined in the 1980s by Organ (1988), who asserts that it encompasses innovative and spontaneous behaviour undertaken voluntarily by the employee. It is thus discretionary and is not formally rewarded. This behaviour is freely chosen by the employee and may include helping behaviour, sportsmanship, organisational loyalty, organisational compliance, initiative, civic virtue and self development (Podsakoff et al. 2000).

For nurses, organisational citizenship behaviour can be encouraged through empowerment, self-leadership, increasing job satisfaction, encouraging leaders to engage in transactional leadership and enhancing organisational commitment (Park et al. 2009). The behaviour may also be associated with a number of positive organisational outcomes (Dargahi et al. 2012), including staff retention (Chen et al. 2012).

RESEARCH METHODOLOGY

Population, Sampling and Sampling Procedure

The study was non-experimental, quantitative and exploratory research. A sample of n=106 usable responses was drawn out a population of N=200 nurses at Victoria hospital, in Alice, The Eastern Cape province, South Africa.

Measuring Instrument

The questionnaire consisted of four sections. Section A dealt with demographic data, Section B measured perceived organisational support using the survey for perceived organisational support (SPOS) by Eisenberger et al. (1986). For this instrument, the Cronbach's coefficient alpha was á 0.71. This is a standardised, reliable and validated instrument validated by Eisenberger et al. (1986).

Work engagement was measured using the Utrecht Work engagement Scale (UWES) in section C. The UWES measuring instrument measured employee engagement based on three facets that indicate the extent to which a person is engaged in his/her job and that is (i) physical engagement, (ii) cognitive engagement, and finally (iii) emotional engagement. The coefficient alpha for this scale in this study was α 0.79. Once again, the instrument has been extensively validated by Schaufeli and Bakker (2003).

To measure organisational citizenship behaviour, Koys' (2001) five item Likert scale was used in section D. It focused on the presence of five key characteristics of organisational citizenship behaviour. The reliability coefficient for this instrument, validated by Koys (2001), was α 0.76.

Data Collection, Capturing, Coding and Analysis

Self-administered questionnaires were distributed amongst the nurses and then collected at a later point. Thereafter data was coded and captured into MsExcel. Descriptive and inferential statistics were used to analyse the data. The reliability of the data was also calculated at this point. Pearson product moment correlation coefficient was used to test the relationship between the variables.

RESULTS AND DISCUSSION

This section will discuss the key findings of the study, the demographic profile of the sample will be presented. Thereafter the main findings, and the relationships between the relevant variables will be presented.

Demographic Profile of the Sample

Nurses between the ages of 41 and 50 constituted the largest group within the sample (n=30, 28.30%), and just over one quarter of nurses surveyed were between the ages of 31 and 40 (n=27, 25.47%). The mean amount of time worked at the hospital was 7.1 years, with a standard deviation of 7.9. A minimum tenure of one year and a maximum tenure of 33 years was reported by respondents. The majority of nurses surveyed were female (78%). The demographic profile of the sample is presented in Table1.

Findings and Discussion

Respondents reported moderate to high levels of perceived organisational support (M=4.64, SD=0.89, n=106), indicating that they perceive Victoria hospital to be a fair, supportive employer who rewards staff fairly and provides favourable

Table 1: Demographic profile of the sample (n=106)

Variable	*Category*	*f*	*Cum. F*	*%*	*Cum. %*
Gender	Male	23	23	21.70%	21.70%
	Female	83	106	78.30%	100.00%
Marital Status	Married	39	39	36.79%	35.64%
	Unmarried	51	90	48.11%	84.91%
	Divorced	8	98	7.55%	92.45%
	Separated	8	106	7.55%	100.00%
Age	<20	12	12	11.32%	11.32%
	20-30	21	33	19.81%	31.13%
	31-40	27	60	25.47%	56.60%
	41-50	30	90	28.30%	84.91%
	51-60	16	106	15.09%	100.00%

working conditions. The lowest recorded score was 2.13 and the highest 7.00 on a seven point likert semantic differential scale, with a median of 4.75.

Nurses indicated that they were highly engaged with their work (M=4.24, SD=0.52, n=106) on a five point Likert semantic differential scale. The minimum recorded score was 2.33 and the maximum recorded score was 4.75. This implies that the nurses demonstrate vigour in their work; are absorbed in their work and are dedicated to their work as proposed by Schaufeli and Bakker (2004) and in concordance with nurses' scores found in a study conducted by Laschinger et al. in 2009.

The nurses surveyed also reported high levels of organisational citizenship behaviour (M=4.62, Me=4.80, SD=0.43, n=106) suggesting that they engage in civic virtue, conscientiousness, sportsmanship and altruism in their day to day activities in a manner which goes beyond fulfilling the responsibilities of the job, in keeping with Dargahi et al.'s (2012) findings that most nurses engage in organisational citizenship behaviour. The findings for work engagement, organisational citizenship behaviour and perceived organisational support are summarised in Table 2.

The first hypothesis examined the relationship between perceived organisational support and organisational citizenship behaviour, where higher levels of perceived organisational support are expected to relate to higher levels of organisational citizenship behaviour. Perceived organisational support is the extent to which the employee feels that his or her employer cares about him/her and considers his/her contribution to be valuable (Rhoades and Eisenberger 2002). Higher perceived organisational support suggests that the employer is fair, employs supportive supervisors, rewards fairly and provides favourable job conditions. This in turn was hypothesised to increase the likelihood of organisational citizenship behaviour. The Pearson product moment correlation revealed a weak but statistically significant relationship between perceived organisational support and organisational citizenship behaviour (r=0.23, p<.01). This implies that some staff may engage in organisational citizenship behaviour regardless of the extent to which they perceive their organisation to be supportive.

The second hypothesis proposed that there was a positive relationship between work engagement and organisational citizenship behaviour. Work engagement implies that a person is physically, cognitively and affectively connected with their workplace, suggesting that the same person would be inclined to perform tasks beyond those specified in their job descriptions. Work engagement and organisational citizenship behaviour were found to have a strong positive relationship (r=0.42, p<.0001). Nurses who are engaged with their work are also likely to display organisational citizenship behaviour.

Eisenberger and Armeli (2001) proposed that there is a relationship between perceived organisational support and work engagement. The results of the study support this as there was a moderate positive relationship between the variables (r=0.31, p<0.01). This implies that, although perceived organisational support has a positive relationship with work engagement and with organisational citizenship behaviour, it is not the only contributor to ensuring job engagement and organisational citizenship behaviour.

LIMITATIONS

The sample size of 106 was not adequate to produce generalisable results. Triangulation of

Table 2: Work engagement, organisational citizenship behaviour and perceived organisational support (n=106)

	M	*Me*	*Mo*	*SD*	*Min*	*Max*	*Range*
Perceived organisational support	4.64	4.75	4.75	0.889	2.13	7.00	4.88
Work engagement	4.24	4.22	4.00	0.518	2.33	5.00	2.67
Organisational citizenship behaviour	4.62	4.80	5.00	0.430	3.40	5.00	1.60

data through the use of qualitative methods such as depth-interviews would have added context and richness to the findings.

CONCLUSION

Perceived organisational support, work engagement and organisational citizenship behaviour are significantly related in the rural healthcare environment of the Victoria hospital, Alice, Eastern Cape.

Higher levels of work engagement are associated with higher levels of organisational citizenship behaviour. Perceived organisational support positively relates to work engagement and organisational citizenship behaviour. It can be concluded that employees who are engaged are also more likely to engage in organisational citizenship behaviour and must be retained.

RECOMMENDATIONS

Hospitals must be mindful of the impact of their human resources practices on promoting perceived organisational support. The study was exploratory however, and further data collection will need to be undertaken to generalise the findings to hospitals in the Eastern Cape and South Africa as a whole. The sample size should be expanded and self-report measures of organisational citizenship behaviour should be replaced with a more accurate means of assessing organisational citizenship behaviour.

REFERENCES

Ahmed N, Rasheed A, Jehanzeb K 2012. An exploration of predictors of organizational citizenship behaviour and its significant link to employee engagement. *International Journal of Business, Humanities and Technology,* 2(4): 99-106.

Andrews MC, Kacmar KM 2001. Discriminating among organisational politics, justice, and support. *Journal of Organisational Behavior,* 22: 347-366.

Chen SH, Yu HY, Hsu Hy, Lin FC, Lou JH 2012. Organisational support, organisational identification and organisational citizenship behaviour among male nurses. *Journal of Nursing Management,* 21(8): 1072-1082.

Cho Y, McLean GN 2009. Leading Asian countries' HRD practices in the IT industry: A comparative study of South Korea and India. *Human Resource Development International,* 12(3): 313-331.

Colakoglu U, Culha O, Atay H 2010. The effects of perceived organisational support on employees' affective outcomes: Evidence from the hotel industry. *Tourism and Hospitality Management,* 16(2): 125-150.

Cropanzano R, Mitchell MS 2005. Social exchange theory: An interdisciplinary review. *Journal of Management*, 31: 874-900.

D'Abate CP, Eddy ER 2007. Engaging in personal business on the job: Extending the presenteeism construct. *Human Resource Development Quarterly*, 12(3): 361-383.

Dargahi H, Alirezaie S, Shaham G 2012. Organisational citizenship behaviour among Iranian nurses. *Iran Journal of Public Health,* 41(5): 85-90.

Eastern Cape Department of Health 2013. Victoria Hospital. From <http://www.ecdoh.gov.za/ecdoh/hospitals/17/Victoria_Hospital/content/316.> (Retrieved on July 18, 2013).

Eisenberger R, Huntington R, Hutchison S, Sowa D 1986. Perceived organisational support. *Journal of Applied Psychology,* 71: 500–507.

Estelle Ellis 2013. E Cape Hospitals Third Worst in South Africa. *The Herald,* March 21, P. 1.

Ferris DL, Brown DJ, Heller D 2009. Organizational supports and organizational deviance: The mediating role of organization-based self-esteem. *Organizational Behavior and Human Decision Processes,* 108(2): 279-286.

Freeney YM, Tiernan J 2009. Exploration of the facilitators of and barriers to work engagement in nursing. *International Journal of Nursing Studies*, 46(12): 1557-1565.

Greenberg A, Baron RA 2008. *Behaviour in Organisations.* 9th Edition. New Jersey: Pearson Education Inc.

Health Services Trust 2013. *The National Health Care Facilities Baseline Audit National Summary Report*. Westville: HST.

Koys DJ 2001. The effects of employee satisfaction, organisational citizenship behavior, and turnover on organisational effectiveness: A unit-level, longitudinal study. *Personnel Psychology,* 54(1): 101-115.

Kahn WA 1990. Psychological conditions of personal engagement and disengagement at work. *The Academy of Management Journal,* 33(4): 692-724.

Kwak C, Chung BY, Xu Y, Eun-Jung C 2010. Relationship of job satisfaction with perceived organizational support and quality of care among South Korean nurses: A questionnaire survey. *International Journal of Nursing Studies*, 47(10): 1292-1298.

Laschinger HK, Wilk P, Cho J, Greco P 2009. Empowerment, engagement and perceived effective-ness in nursing work environments: Does experience matter? *Journal of Nursing Management*, 17: 636-646.

Littlejohn L, Campbell J, Collins-McNeil J, Khayile T 2012. Nursing shortage: A comparative analysis. *International Journal of Nursing,* 1(1): 22-27.

Makhubu M 2013. Ailing Alice Hospital Gets a Kiss of Life. *Daily Dispatch.* September 4, 2007.

Mokoka E, Oosthuizen MJ, Ehlers VJ, 2010. Retaining professional nurses in South Africa: Nurse managers' perspectives. *Health SA Gesondheid,* 15(1): 1-9.

Munjanja O, Kibuka S, Dovlo D 2005. *The Nursing Workforce in Sub-Saharan Africa.* International Council of Nurses, Switzerland: Jean Marteau.

Organ DW 1988. *Organisational Citizenship Behavior: The Good Soldier Syndrome*. Lexington, MA: Lexington Books.

Park J, Yun E, Han S, 2009. Factors influencing nurses' organizational citizenship behaviour. *Journal of Korean Academy of Nursing,* 39(4): 499-507.

Podsakoff PM, MacKenzie SB, Paine JB, Bachrach DG 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.

Rhoades L, Eisenberger R, Armeli S 2001. Affective commitment to the organization: The contribution of perceived organizational support. *Journal of Applied Psychology*, 86: 825–836.

Rhoades L, Eisenberger R 2002. Perceived organisational support. *Journal of Applied Psychology,* 87(4): 698–714.

Robinson D, Perryman S, Hayday S 2004. *The Drivers of Employee Engagement*. Brighton: Institute for Employment Studies.

Rothbard NP 2001. Enriching or depleting? The dynamics of engagement in work and family roles. *Administrative Science Quarterly*, 46: 655–684.

Schaufeli WB, Bakker AB 2003. *Utrecht Work Engagement Scale: Preliminary Manual, Version 1*. Occupational Health Psychology Unit. Utrecht University, Utrecht.

Schaufeli WB, Bakker AB 2004. Job demands, job resources, and their relationship with burnout and engagement: A multi-sample study. *Journal of Organizational Behavior,* 25: 293–315.

Schaufeli WB, Martínez I, Marques-Pinto A, Salanova M, Bakker AB 2002. Burnout and engagement in university students: A cross-national study. *Journal of Cross-Cultural Psychology,* 33: 464-481.

Shore L, Tetrick LE 1994. The psychological contract as an explanatory framework in the employment relationship, In: CL Cooper, DM Rousseau (Eds.): *Trends in Organisational Behavior*. Volume 1. Chichester: Wiley, pp. 91-99.

Shore LM, Shore TH 1995. Perceived organisational support and organisational justice. In: R Cropanzano, KM Kacmar (Eds.): *Organisational Politics, Justice, and Support: Managing Social Climate at Work.* Westport CT: Quorum Press, pp. 149-164.

Strauss G, Sayles L 1990. *Personnel Management*. Jakarta: PT, Pustaka Binaman.

Tepper BJ, Lockhart D, Hoobler J 2001. Justice, citizenship, and role definition effects. *Journal of Applied Psychology,* 86: 789-796.

Turk H 1963. Norms, persons and sentiments. *Sociometry,* 26(2): 163-177.

Wildschut A, Mqolozana T 2008. *Shortage of Nurses in South Africa: Relative or Absolute?* Cape Town: HSRC Press.