CHAPTER 1

Introduction

Background and Significance of the Research Problem

Organizational effectiveness in the health care system needs high performance employees much more than employees that perform only just their assigned duties (Organ, 1988). Nowadays, hospital settings require employees that promote the effective functioning of the organization through organizational citizenship behavior (OCB). According to Chu, Lee, Hsu, and Chen (2005), OCB is significant in a hospital setting because of four reasons. Firstly, hospitals are experiencing turbulent changes and major shifts to more diversified and integrated delivery systems. Secondly, task performance has become very complex, and OCB facilitates achievement of the hospital's goals and enhances performance. Thirdly, OCB contributes to the efficient use of scarce resources and increases organizational productivity. Lastly, OCB is vital in quality of healthcare by promoting positive relationships among employees and involving them in the organization's activities. Based upon previous research in both business and healthcare settings, OCB data were used for managerial evaluations of performance and judgments (Han & Altman, 2010; Podsakoff, MacKenzie, Paine, & Bachrach, 2000); organizational performance and success (Chahal & Mehta, 2010); and managerial decisions reducing turnover (Han & Altman, 2010; Chahal & Mehta, 2010).

Nurses are the front line of healthcare providers and the largest group of professionals in hospitals, and they are directly involved in patient care (Kazemipour, Mohamad Amin, & Pouurseidi, 2012). Therefore, customer satisfaction hinges on the nurses' ability to extend quality of services and performance (Kazemipour et al., 2012). Moreover, nurses are the healthcare providers who have the most familiar and frequent interactions with patients in the hospital settings, where multidisciplinary approach and good communication, collaboration and teamwork are essential (Altuntas & Baykal, 2010). Therefore, nurses' behavior is believed to be essential due to its significance in

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encouraging positive relationships among co-workers and relating them to the activities of the healthcare setting (Chu et al., 2005).

The employees' behavior that contributes to organizational effectiveness can be determined by OCB (Organ, 1997). Organ (1988) defined OCB as individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system and that in the aggregate promotes the effective functioning of the organization with the five dimensions of *altruism*, *conscientiousness* (later used as *generalized compliance*), *sportsmanship, courtesy*, and *civic virtue*. In 1990, Podsakoff, MacKenzie, Moorman, and Fetter extended the work of the Organ (1988) by developing a measurement of OCB with those five dimensions. In 1996, Konovsky and Organ developed a measurement of OCB in the hospital setting with the same five same dimensions whereas they used the term *generalized compliance* instead of *conscientiousness*. In 1997, Organ elaborated the definition of OCB as the performance that supports the social and psychological environment in which task performance takes place.

OCB scholars generally assume behavioral dimensions are beneficial across situations and organizations (LePine, Erez, & Johnson, 2002; Organ, 1997; Swaminathan & Jawahar, 2013). In the United States, a study on hospital nurses' OCB by using peer-rated surveys on 94 dyads showed an overall mean score at a high level (Clark, Zickar, & Jex, 2013). However, a study from Zimbabwe illustrated that the OCB of employees from a business organization was at a moderate level (Chinomona, 2012).

Although some studies showed the same results on overall OCB among hosptital employees in different countries, they demonstrated different preferences for the various behaviors of OCB across cultures. In Turkey, most nurses perceived their OCB as high conscientiousness, followed by altruism, courtesy, civic virtue, and sportsmanship, respectively (Altuntas & Baykal, 2010). However, eighty percent of the nurses in another study in Iran rated their behavior as OCB (Dargahi, Alirezaie, & Shaham, 2012). They described more than half showed altruism, followed by sportsmanship, conscientiousness, and civic virtue, correspondingly (Dargahi et al., 2012). Moreover, Cohen and Kol (2004) illustrated that registered nurses' OCB in northern Israel showed altruism with a higher mean score than generalized compliance. On the contrary, a study from China revealed that nurses and doctors showed their OCB with high courtesy,

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followed by altruism, civic virtue, conscientiousness, and sportsmanship, respectively (Lv, Shen, Cao, Su, & Chen, 2012). Furthermore, Konovsky and Organ (1996) described their result of hospital employees' OCB in which courtesy was the highest and followed by generalized compliance, civic virtue, altruism, and sportsmanship, respectively.

The concept of OCB was linked to workplace spirituality in the study of Pawar (2009b), which indicated that each employee's experiences of workplace spirituality were positively associated with employee performance of OCB. Tepper (2003) proposed spirituality as an antecedent to employees' OCB in that they perform OCB with greater frequency when they are motivated to find sacred meaning and purpose to their existence. Pawar (2009a) supported this finding by revealing that OCB is an outcome of workplace spirituality. Additionally, an employee experiences a deep and strong alignment between personal goals and organizational values, which leads them to regard their work as more than just a job, thus leading them to perform OCB (Kolodinsky, Giacalone, & Jurkiewicz, 2008; Milliman, Czaplewski, & Ferguson, 2003; Rego & Cunha, 2008). Moreover, some studies suggested that encouraging spirituality at work can lead employees to a higher affective commitment, thus generating higher OCB, lower absenteeism and turnover, and higher ability to satisfy customers (Allen & Meyer, 1996; Meyer & Herscovitch, 2001). Therefore, workplace spirituality engages employees' OCB, causing them to try their best beyond their duties to achieve organizational goals with positive consequences of profitability, efficiency, effectiveness, productivity, market share and surviving in today's competitive world (Rastgar, Zarei, Davoudi, & Fartash, 2012).

Although spirituality is a relatively new idea in the workplace, it is certainly not a new idea elsewhere in human experience. Ashmos & Duchon (2000) defined workplace spirituality as the recognition that employees have an inner life that nourishes and is nourished by meaningful work that takes place in the context of community. Accordingly, Milliman et al. (2003) developed a measurement with three dimensions based on the definitions of Ashmos and Duchon (2000); and Denton and Mitroff (1999), which are more likely to have closer relationships with employee work attitudes and behaviors. Therefore, these three core dimensions were purpose in one's work-or

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meaningful work-(individual level), having a sense of community (group level), and being in alignment with the organization's values and mission (organization level) (Milliman et al., 2003).

Cash and Gray (2000) illustrated that workplace spirituality is crucial in the healthcare organization with an unstable work environment characterized by downsizing, reengineering and new technologies. Moreover, healthcare has an advantage over other sectors in that spirituality can be practiced in the context of some jobs (Graber & Johnson, 2001). Although nursing scholars have recently studied workplace spirituality with more emphasis, research concerning workplace spirituality in the nursing profession is still in its early life. A study among the staff of Uganda Christian University of workplace spirituality in non-healthcare setting illustrated that the subjects perceived their workplace spirituality at a high level where meaningful work had a higher mean score than alignment with organizational values and sense of community (Katono, Manyak, Katabaazi, & Kisenyi, 2012).

Recently, many scholars studied the relationship between workplace spirituality and employees' OCB with inconsistent results (Malik, Naeem, & Ali, 2011; Nasurdin, Nejati, & Mei, 2013; Rastgar et al., 2012). The Iranian study showed dimensions of workplace spirituality had significant positive relationships with all dimensions of OCB with a range from weak to strong levels among insurance employees (Rastgar et al., 2012). A study in Malaysia on academic staff members in private institutions revealed that all four dimensions of OCB had significant positive correlations with a range from moderate to strong levels with three dimensions of workplace spirituality (Nasurdin et al., 2013). The study from Pakistan revealed that meaning at work had a significant positive relationship at a moderate level with only civic virtue while the other dimensions showed weak relationships (Malik et al., 2011). However, there was no significant relationship between two dimensions of workplace spirituality with four dimensions of OCB (Malik et al., 2011).

In the nursing profession, there was only one study on the relationship between workplace spirituality and OCB. The study showed a significant positive correlation at a moderate level between workplace spirituality and nurses' OCB (Kazemipour et al., 2012). Nowadays, these concepts are continuing to be developed and applied in Eastern

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countries, initially in service providing organizations (Komala & Ganesh, 2007; Petchsawang & Duchon, 2009; Setiyawati & Rahman, 2007). However, Milliman et al. (2003) claimed that further investigation was needed. However, the study regarding the workplace spirituality and nurses' OCB in Myanmar has not been conducted.

In the Republic of the Union of Myanmar, the Ministry of Health (MOH) takes the responsibility of providing comprehensive healthcare services in Myanmar to raise the health status of the population by developing healthcare facilities, including 944 public hospitals with 44,120 hospital beds and 28,254 nurses (nurse-to-population ratio = 1:2124) (MOH, 2013). The Myanmar healthcare system moves forward with changing political and administrative systems, relative roles played by the key providers are also changing even though the MOH remains the major provider of comprehensive health care (MOH, 2013). Moreover, the MOH is upgrading healthcare services in hospitals by deploying competent human resources such as specialists and nurses, and setting up modern diagnostic and therapeutic equipment to perform various sophisticated surgical and medical interventions (MOH, 2013). Consequently, the above situations are in accordance with the reasons why OCB is important in the Myanmar hospital setting.

Nowadays, there is a trend of decentralization of the allocation of medical resources (MOH, 2013). Medicine and medical equipment are increasingly provided to each and every health facility with increased budgets allocated directly to central hospitals (over 200 beds) and indirectly to those with less than 200 beds through respective State and Divisional Health departments (MOH, 2013). Furthermore, general hospitals have higher workloads than other types of hospitals, and hospitals in Yangon are the most crowded in Myanmar (MOH, 2008a). Among these general hospitals, Sanpya General Hospital, Insein General Hospital, East Yangon General Hospital, and West Yangon General Hospital had the high bed occupancy rates from 70% to 113% (MOH, 2008a). Therefore, this study focused on general hospitals which had similar characteristics of providing tertiary care settings with 200-300 beds in the areas of medical, surgical, obstetrics, gynecology and pediatric care in Yangon. Recently, the number of patients seeking medical care had increased as the national healthcare budget enlarged with some free services (The New Light of Myanmar Newspaper, 2014). However, the number of staff members had not increased as quickly as the demand, so

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trying to balance serving everyone quickly and efficiently had been increasingly difficult in Yangon (The New Light of Myanmar Newspaper, 2014).

For the nursing profession in Myanmar, there has been no study on nurses' behavior directly in Myanmar although there were some studies of nurses' perceptions on their work and patients' perceptions on nurses that can be related to OCB. In the past, some study results demonstrated a negative perspective among Myanmar nurses from general hospitals in Yangon. Initially, Nwe (1997) showed some nurses from general hospital in Yangon demonstrated that although nurses have no time for lunch, the patients expect nurses to give them more emotional support, and nurses felt unhappy and dissatisfied in their ward, leading them to quit their jobs. Furthermore, Thet, Nwe, Yee, Khine, & Wai (2004) indicated that both staff nurses and trained nurses perceived their nursing care at significantly higher levels in physical care than nurse-physician relationship. Moreover, Hla (2006) exposed that 77.8% of total nurses felt achievement or accomplishment about their job, which were mostly related to their contribution to the patients' welfare. However, her study illustrated some negative issues as Myanmar nursing is a dependent occupation with slow development; nurses perceived their work as lacking cooperation and understanding among coworkers, and some of them were frustrated due to unfair judgment from administration (Hla, 2006).

Presently, the Ministry of Health is developing policies and strategies to ensure healthy and safe working conditions and environments by considering staff attitudes, communication, and clinical skills (MOH, n.d.). Moreover, an advance plan for professional development is being developed to upgrade all nursing and midwifery training schools into university or college level with a minimum bachelor level qualification by the Ministry of Health (MOH, n.d.). Furthermore, some studies have provided evidence of positive changes in the perception of Myanmar nurses, especially in general hospitals in Yangon. In 2010, Myint expressed that nurses from four general hospitals in Yangon perceived their quality of nursing care at a high level. Additionally, head nurses from general hospitals showed their leadership style as more transformational style than transactional and laissez-faire styles (Eh, 2010). For nurses' job satisfaction, Cho (2012) revealed that nurses from general hospitals in Yangon had high satisfaction with their job regarding relationship and interaction. Likewise, two

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Myanmar nurses and one midwife showed good judgment in their work and self-sacrificing spirit evidenced in being awarded the Florence Nightingale Medal Award in 1963, 1993, and 2001 (The New Light of Myanmar Newspaper, 2001), and another received the award of HRH the Princess Mother of Thailand in 2012 (Princess Srinagarindra Award Foundation, n.d.).

Because of the above varying circumstances and diverse study results in Myanmar, the nurses' perception on their workplace spirituality and their OCB needed to be surveyed. Among the studies in the development of organizational behavior, most of the study results illustrated that there was a positive significant correlation between workplace spirituality and OCB with the level from weak to strong. Additionally, Geh & Tan (2009) suggested how spirituality at work influences employee attitudes, behavior and organizational performance, particularly in the Asian context. Organ, Podsakoff, and MacKenzie (2006) described the cultural variations on OCB as it takes different forms in varying cultures and economic system. However, there was no study on the topic of workplace spirituality and OCB in Myanmar.

In summary, it was necessary to examine the evidence of OCB and workplace spirituality and to explore the relationship between Myanmar nurses' workplace spirituality and their OCB in general hospitals in Yangon based upon the above situation regarding OCB and workplace spirituality in the Myanmar healthcare system and nursing profession. The results of this study provided a better understanding of workplace spirituality and OCB, which enhance organizational performance and success. Additionally, the results of this study offered a basis of information for future nursing research in the area of organizational behavior in the healthcare setting of Myanmar.

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Research Objectives

1. To describe the workplace spirituality among nurses in general hospitals, Yangon, The Republic of the Union of Myanmar
2. To describe the organizational citizenship behavior among nurses in general hospitals, Yangon, The Republic of the Union of Myanmar

3. To explore the relationship between workplace spirituality and organizational citizenship behavior among nurses in general hospitals, Yangon, The Republic of the Union of Myanmar

Research Questions

1. What is the level of workplace spirituality perceived by nurses in general hospitals, Yangon, the Republic of the Union of Myanmar?

2. What is the level of organizational citizenship behavior perceived by nurses in general hospitals, Yangon, the Republic of the Union of Myanmar?

3. Is there any relationship between workplace spirituality and organizational citizenship behavior among nurses in general hospitals, Yangon, the Republic of the Union of Myanmar?

Definition of Terms

Organizational citizenship behavior refers to the nurses' performance that supports the social and psychological environment of their organization in which task performance takes place. It was measured by the Organizational Citizenship Behavior Scale, developed by Konovsky and Organ (1996), included five dimensions: altruism, generalized compliance, sportsmanship, courtesy, and civic virtue.

Workplace spirituality refers to the perception of nurses that nourishes and is nourished by meaningful work within the context of their organization. It was measured by Workplace Spirituality Scale, developed by Milliman et al. (2003), which included three dimensions: meaningful work, sense of community and alignment with organizational values and mission.

Nurse refers to trained nurse and staff nurse who graduated from a four years Bachelor Degree or three years Diploma course and working for at least one year in their hospitals.

General hospitals refer to tertiary care settings with 200-300 beds which provide the healthcare services in the area of medical, surgical, obstetrics, gynecology and

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pediatric in Yangon include Sanpya General Hospital, Insein General Hospital, East Yangon General Hospital, and West Yangon General Hospital.

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