CHAPTER 2

Literature Review

This chapter presents a review of the literature which contains the following steps:

1. Organizational Citizenship Behavior
   1.1 Definition of organizational citizenship behavior
   1.2 Concepts and dimensions related to organizational citizenship behavior
   1.3 Factors Related to Organizational Citizenship Behavior
   1.4 Measurements of Organizational Citizenship Behavior
   1.5 Research studies related to Organizational Citizenship Behavior
2. Workplace Spirituality
   2.1 Definition of workplace spirituality
   2.2 Concepts and dimensions related to workplace spirituality
   2.3 Measurements of workplace spirituality
   2.4 Research studies related to workplace spirituality
3. Relationship between workplace spirituality and organizational citizenship behavior
4. Situation of nursing profession in the Republic of the Union of Myanmar
5. Conceptual framework

Organizational Citizenship Behavior

Definition of Organizational Citizenship Behavior

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. By discretionary, it is meant that the behavior is not an enforceable requirement of the role or the job description, that is, the clearer specifiable terms of the person's employment contract with the organization; the behavior is rather a matter of personal choice, such that its omission is not generally understood as punishable. In 1997, he elaborated by qualifying the three soft spots in his first definition of OCB. He explained discretionary, adding that OCB does not require direct or formal re-compensation by the organization's reward system; it contained only aggregate behavior across time and persons, and also contributed to organizational effectiveness. In addition, he more clearly and precisely defined OCB as the performance that supports the social and psychological environment in which task performance takes place (Organ, 1997).

Furthermore, Morrison (1996) defined OCB as behavior that is beneficial for an organization but that falls outside of formal role requirements such that it is difficult to formally specify or reward. Lee and Allen (2002) defined OCB as employee behaviors that, although not critical to the task or job, serve to facilitate organizational functioning. Lambert (2006) defined OCB as behavior that (a) goes beyond the basic requirements of the job, (b) is to a large extent discretionary, and (c) is of benefit to the organization (as cited in Alabi, 2012).

Compared to the above definitions, the definition of OCB by Organ (1997) was clearer and more specific by means of reviewing a considerable amount of empirical researches (Organ, 1997). Therefore, the definition of OCB by Organ (1997) was used in this study.

Concepts and Dimensions Related to Organizational Citizenship Behavior

As the roots of OCB research and theory lie in an insightful belief (Organ, 1977); it had been recently shown by organizational behavior scholars as an interest in the qualitative characteristic among individual contributions at work (Konovsky & Organ, 1996). Among organizational behavior conception, the works of Organ and his colleague were very well-known concepts and dimensions.

Concept of OCB developed by Organ and his colleagues (1983 to 2006). For the concept of OCB, Katz (1964) was the first person who pointed to self-development and protecting the organization as important behaviors (innovative and spontaneous activity) that go beyond formal role requirements and that often do not occur in response to formal reward systems for differential individual performance although he did not use the term of OCB (Organ et al., 2006). However, the creation of OCB composites has not been guided by theory or construct definition (LePine et al., 2002), Organ and his doctoral students from Indiana University introduced citizenship behavior in organizational theory in 1983. Their concept was based on the open system model in comprehensive behavioral analysis of organizations by Katz and Kahn (1966) which offered OCB as an essential behavior and an innovative, spontaneous activity for a functioning organization (Bateman & Organ, 1983; Organ et al., 2006; Smith, Organ, & Near, 1983).

Citizenship behavior was more likely to be under the person's control and thus more likely to be a salient mode of reciprocation in the study of job satisfaction and employees' citizenship behavior (Bateman & Organ, 1983). They developed the following nine behaviors: *compliance, altruism, dependability, housecleaning, complaints, waste, cooperation, criticism of and arguing with others,* and *punctuality.*

Smith et al. (1983) initiated altruism and generalized compliance (conscientiousness) as the first two original forms of OCB in their study of its natures and antecedents. Two dimensions were *altruism*: behavior that is directly and intentionally aimed at helping a specific person in face-to-face situations (eg., orienting new people, assisting someone with a heavy workload) and *generalized compliance*: a more impersonal form of conscientiousness that does not provide immediate aid to any one specific person, but

rather is indirectly helpful to others involved in the system (eg., punctuality, not wasting time) (Smith et al., 1983).

Five years later, Organ developed another following three complementary forms of citizenship behavior: s*portsmanship, courtesy,* and *civic virtue* and added to the previous two types of OCB by Smith et al. (1983) as a resulting in five additional critical behaviors for OCB (Organ, 1988). In 1990, Podsakoff et al. extended the work of the Organ (1988) by developing a measure of OCB that consisted of subscales for each of the five dimensions of *altruism, conscientiousness, sportsmanship, courtesy*, and *civic virtue*. That resulting OCB scales have served as the basis for OCB measurement in a large number of empirical studies (MacKenzie, Podsakoff, & Fetter, 1991; Moorman, 1991, 1993; Podsakoff & MacKenzie, 1994).

In 1990, Organ suggested two other variants of OCB: *cheerleading* (involve the celebration of coworkers' accomplishments) and *peacemaking* (perhaps a conflict that started out as work-related and civil). As a consequences, there were new seven dimensions of OCB (Organ et al., 2006). However, those dimensions have attracted little empirical inquiry to date (Heinsohn, 2012).

In 1996, Konovsky and Organ developed the measurement of OCB in a hospital setting with the five dimensions of *altruism, generalized compliance (conscientiousness), sportsmanship, courtesy,* and *civic virtue*. They changed the term conscientiousness to generalized compliance because of some confusion over whether it was referred to as a behavior or a trait. They conducted a factor analysis of the OCB items in five dimensions by using principle axis extraction and varimax rotation. Their resulting factors were similar to those developed by Podsakoff et al. (1990). Organ (father of OCB) recommended that it was the best version of the measurement for OCB because they concluded that five dimensions was a good fit to the data, but others have not had that result (Organ. D.W, personal communication, Nov 17, 2013).

Moreover, critical review of Podsakoff et al. (2000) and the book of Organ et al. (2006) for the foundation of organizational science illustrated that there were overlaps among various concepts of OCB and proposed seven dimensions for OCB. Podsakoff et al. (2000) conducted a critical review of the theoretical and empirical literature with a

detailed classification of OCB and divided into seven categories: *helping behavior* (includes Organ's altruism, courtesy, peacemaking, and cheerleading; interpersonal helping by Graham; OCB-I by Williams & Anderson); *sportsmanship; organizational loyalty* (consists of loyal boosterism and organizational loyalty by Graham); *organizational compliance* (generalized compliance by Smith et al.; organizational obedience by Graham; OCB-O by Williams and Anderson; *individual initiative* (similar to Organ's conscientiousness, Graham's and Moorman and Blakely's personal industry and individual initiative); *civic virtue* (similar to organizational participation by Graham); and *self-development* (based on the work of Katz). In 2006, Organ and his colleagues suggested that altruism, courtesy, peacemaking and cheerleading fit together under a broad construct of the helping dimension. However, organizational loyalty, self-development and protecting the organization had not undertaken sufficient empirical analysis to determine whether distinguishing them from the other factors was practicable or profitable (Organ et al., 2006).

Moreover, Williams and Anderson (1991); Van Dyne, Graham, and Dienesch (1994); and Moorman and Blakely (1995) were the other noticeable scholars in OCB literature beyond the concept of Organ and his colleagues (from 1983 to 2006).

Concept of OCB developed by Williams and Anderson (1991). Williams and Anderson (1991) developed a three factor model of OCB based on the extra-role behavior concept by Katz (1964). They proposed that OCB should include items representing IRB because such an analysis could clarify whether the respondents differentiated between intra-role and extra-role behaviors. They divided OCBs into three dimensions IRBs (*in-role behaviors*): the responsibilities undertaken by the employees (e.g. works full 8 hours a day, completes assigned duties on time, complies with rules and regulations); *organizational citizenship behavior directed toward individuals (OCBI)*: behaviors that immediately benefit specific individuals and, through these means, indirectly contribute to the organization (e.g., helps others who have been absent, takes a personal interest in other employees); and *organizational citizenship behavior directed toward the organization (OCBO)*: behaviors that benefit the organization in general (e.g. gives advance notice when unable to come to work, adheres to informal rules devised to maintain order). To compare with Organ's concept,

altruism and courtesy were behaviors that fit in (OCBI), whereas sportsmanship, civic virtue, and conscientiousness fit in the (OCBO).

Concept of OCB developed by Van Dyne et al. (1994). Van Dyne et al. introduced and tested the expanded conceptualization of organizational citizenship based on Graham's (1991) review of classical philosophy and modern political theory. Their extension of political philosophy suggested that organizational citizenship is a multidimensional construct that is composed of several different, but correlated, substantive categories (Van Dyne et al., 1994). In their framework of OCB, they outlined three categories of *participation* (social, functional and advocacy): entails active and responsible involvement in community self-governance in whatever ways are possible under the law; *loyalty*: expands parochial welfare functions to include serving the interests of the community as a whole and the values it embodies; and *obedience*: involves respect for orderly structures and processes were included. Their components of OCB were overlapped with Organ's five dimensions as *participation* was overlapped with altruism and courtesy; *loyalty* overlapped with sportsmanship and a bit of civic virtue; and *obedience* was with civic virtue and conscientiousness (LePine et al., 2002).

Concept of OCB developed by Moorman and Blakely (1995). Moorman and Blakely (1995) measured four dimensions of OCB in order to measure what causes an employee to decide to perform OCB based on the concept of the notion of civic citizenship in the political science literature by Graham (1989). The dimensions of OCB were *interpersonal helping* (IH): helping co-workers when help is needed; *individual initiative* (II): communicating with others to improve individual and group performance; *personal industry* (PI): performing tasks that go above and beyond the call of duty; and *loyal boosterism* (LB): promoting the organization to outsiders (Moorman & Blakely, 1995).

As suggested in previous paragraphs, the literature on OCB and related concepts were fairly diverse, with respect to both the nature of the behavioral dimensions studied and the jargon used to label the dimensions (LePine et al., 2002). However, the other behavioral frameworks have not been used as often, and even when there are several studies, there was less consistency with respect to the specific behaviors studied (LePine et al., 2002). Moreover, there were at least three reasons why Organ and his colleagues'

five factors concept had been the subject of the greatest amount of empirical research (LePine et al., 2002). Firstly, their framework had the longest history, and they were very creative with respect to publishing OCB articles and book chapters. Secondly, Podsakoff and his colleagues provided the field with a sound measure of Organ's five dimensions (Podsakoff et al., 1990), and conducted several excellent empirical studies. Lastly, OCB scholars generally assume that over the long run, the behavioral dimensions are beneficial across situations and organizations (LePine et al., 2002; Organ, 1997; Swaminathan & Jawahar, 2013).

In summary, the literature on OCB and related concepts were fairly diverse (LePine et al., 2002) and most scholars used the five-factor structure of OCB proposed by Organ and his colleagues for further study (LePine et al., 2002; Nasurdin et al., 2013). Furthermore, OCB can be different across contexts of culture, occupation and organization (Organ et al., 2006). Therefore, Konovsky and Organ's concept (1996) for OCB was used in this study which was based on the concept of Organ (1988) and the measurement of Podsakoff et al. (1990) by adapting a proper measure for OCB in a hospital setting.

Dimensions of organizational citizenship behavior.

Five dimensions of OCB by Konovsky and Organ (1996).

Altruism. This refers to the behavior that is directly and intentionally aimed at helping a specific individual in face to face situations (e.g., orienting new people, helps others who have been absent, takes a personal interest in other employees, assisting someone with a heavy workload) (Smith, Organ, & Near, 1983).

Courtesy. This refers to the extent to which an employee helps to prevent others' problems by advance consultation, information, and respect for others' needs (Organ, 1988).

Sportsmanship. This refers to the willingness to accept minor frustrations and inconveniences without fuss or complaint (Organ, 1988).

Generalized compliance. This refers to the behavior that pertains to a more impersonal form of conscientiousness that does not provide immediate aid to any one

specific person, but rather is indirectly helpful to others involved in the system (e.g., punctuality, not wasting time, respect for organizational property and resources, use of time while at work) (Konovsky & Organ, 1996; Smith et al., 1983).

Civic virtue. This refers to responsible and constructive involvement and participation in issues confronting the group and organization (Organ, 1988).

In summary, those above five dimensions of OCB were used in this study because they are generally accepted dimensions (Chahal & Mehta, 2010; Kazemipour et al., 2012) and the ones most frequently examined by researchers (Schnake & Dumler, 2003).

Factors Related to Organizational Citizenship Behavior

According to the literature review, there were many related factors of OCB in the organizational behavior concept. In considering demographic data, most of them were unchangeable. However, some studies revealed that OCB has a positive relationship with age (Lv et al., 2012; Tsai & Wu, 2010); level of occupation (Tsai & Wu, 2010); gender and organizational tenure (Lv et al., 2012); and level of education (Setiyawati & Rahman, 2007). Moreover, nurses' OCB showed differences across units/wards (Pianluprasidh, 2005).

Apart from the demographic factors, the antecedent factors which had significant positive relationship with OCB were attitudinal and dispositional antecedents of OCB; and leadership and work environments on OCB (Organ et al., 2006). Many studies provided evidence for that literature. Firstly, job attitudes (Bateman & Organ, 1983); job satisfaction (Chu et al., 2005; Rasheed, Jehanzeb, & Rasheed, 2013; Smith et al., 1983; Tsai & Wu, 2010); fairness perception, individual disposition and feedback (Rasheed et al., 2013); and motivational drives, organizational justice and individual traits (Chahal & Mehta, 2010) were attitudinal and dispositional antecedents of OCB. Secondly, role clarity and role perception, organizational commitment, leadership and leader-member exchange (Chahal & Mehta, 2010; Rasheed et al., 2013); and job involvement, positive affectivity, autonomy, procedural justice, promotional chances, supervisor support, co-worker support, and kinship support (Chu et al., 2005) were

antecedents of leadership and work environments on OCB. Among those studies, two researches were conducted among nurses in Taiwan (Chu et al., 2005; Tsai & Wu, 2010).

Moreover, Bennett Tepper proposed spirituality as an antecedent to employees' OCB and suggested that employees perform OCB with greater frequency when they are motivated to find meaningfulness which represents an obsession that influences their willingness to perform desired work behavior (Tepper, 2003). Moreover, the author discussed the relationship between spirituality and OCB through three mediating psychological states as gratefulness, sensitivity to the needs of others and tolerance for inequity. Thus, the constructs for OCB and spirituality could prove useful in the pursuit of knowledge about the antecedents of OCB (Tepper, 2003).

Therefore, the relationship between workplace spirituality and OCB was studied in this project. Moreover, level of education, level of occupation, years of experience and type of units/wards had been included in the demographic characteristics of this study.

Measurements of Organizational Citizenship Behavior

Measurements of OCB by Organ and his colleagues. In 1983, Smith et al. developed a measurement for OCB with 16 items in defining two factors of altruism and generalized compliance with a five point scale. They used semi-structured interviews with a group of 67 full-time managers. They used factor analysis and varimax rotation with the loadings of .50 and above. The coefficient alpha for reliability estimates were .88 for altruism and .85 for generalized compliance.

In 1990, Podsakoff et al. expanded the work of Organ (1988) by developing a measurement of OCB that consisted of five subscales of altruism, conscientiousness, sportsmanship, courtesy, and civic virtue. They measured OCB by using adapted five-dimensional scales with 24 items with a 7 point scale from 1 (strongly disagree) to 7 (strongly agree). These scales included five items in altruism, courtesy, sportsmanship, and conscientiousness; whereas civic virtue had four items. Among five dimensions, sportsmanship represented five reverse coded items. The reliability of these five scales

had a Cronbach's α value ranging from .70 to .85. The confirmatory factor analysis showed that the data was quite good as Tucker-Lewis index (TLI = .94) with all of the items used to assess five factors loading significantly on their intended factors.

Konovsky and Organ (1996) developed the measurement of OCB in a hospital setting in the US and they took OCB items largely from the scales developed by Podsakoff et al. (1990) and MacKenzie et al. (1991). They conducted a factor analysis of the OCB items by using principle axis extraction and varimax rotation and five factors (altruism, generalized compliance [impersonal form of conscientiousness], courtesy, sportsmanship, and civic virtue) emerged with factor loading above 0.35. Their resulting factors were similar to those developed by Podsakoff et al. (1990) with TLI (0.94) and it was a good fit to the data. They measured OCB by using a five-dimensional scale with 19 items with the 7 point scale from 1 (strongly disagree) to 7 (strongly agree). These scales included five items in altruism and sportsmanship, three items in courtesy, four items in generalized compliance, and two items in civic virtue. Among five dimensions, sportsmanship designated five reverse coded items. The reliability had a Cronbach's α value ranging from .80 to .93 (Konovsky & Organ, 1996).

Williams and Anderson's OCB three factor scale (1991). Williams and Anderson (1991) built the three-factor model with the dimensions of IRB, OCBI and OCBO. The factor pattern loadings for these data indicated that in all cases the items had their highest loading on the appropriate factor and this loading met the .35 criteria, with the exception of item 20 out of total 21 items. The factor correlations were obtained with the oblique rotation among three dimensions. Therefore, the 20 items were used to form the IRB (7 items), OCBI (7 items) and OCBO (6 items). The reliabilities of IRB, OCBI, and OCBO were .91, .88 and .75 correspondingly. The inter correlations among those three variables were .52, .55 and .56 respectively.

Van Dyne et al.'s OCB scale (1994). Van Dyne et al. (1994) developed a new instrument to measure organizational citizenship behavior. Obedience was measured with 16 items describing conscientious work habits; they adapted and expanded these items from Smith et al. (1983). Loyalty and participation were measured by items that were generated by focus group interviews held with employees from diverse job levels

at three of the research sites. 16 items were developed for loyalty and 22 were developed for participation. The initial OCB instrument contained 54 items that were measured on a seven-point likert scale. Exploratory factor analysis on the original data and a confirmatory factor analysis on the cross-validation data resulted in retention of 34 items. They deleted items with multiple loadings indicated by a differential of less than .20 between factors. Cronbach's alphas were .88 for obedience, .84 for loyalty, .68 for social participation, .86 for advocacy participation, .75 for functional participation, and .95 for the entire OCB scale. Test-retest results were .81 for obedience, .88 for loyalty, .76 for social participation, .83 for advocacy participation, .83 for functional participation, and .92 for the entire 34 item OCB scale.

Moorman and Blakely's OCB scale (1995). Moorman and Blakely (1995) measured OCB by using the questionnaire consisting of (19) items with four dimensions measuring what causes an employee to decide to perform OCBs. The 19 items were chosen because the data for these items fit the model well; they all had significant loadings on their hypothesized factor and had no significant cross-loadings. The dimensions have (a) interpersonal helping (5 items) (b) individual initiative (5 items), (c) personal industry (4 items), and (d) loyal boosterism (5 items). A seven-point rating scale ranging from 1 (strongly disagree) to 7 (strongly agree) was used. The reliability of each scale using coefficient alpha was tested on a sample of 155 southeastern financial services organization employees and produced results of .74 (IH), .76 (II), .61 (PI), and .86 (LB).

In summary, Hoffman, Blair, Meriac, and Woehr (2007, as cited in Kazemipour et al., 2012) claimed that the five-dimensional model of OCB scales by Podsakoff et al. (1990) was the most widely used in the OCB literature. It was suitable across perspective and nations (Lam, Hui, & Law, 1999); warrants for further investigation (Nasurdin et al., 2013); and also used in previous studies (Liu, 2008; Kazemipour et al., 2012; Kegans, McCamey, & Hammond, 2012; Kutcher, Bragger, Rodriguez-Srednicki, & Masco, 2010; Rurkkhum, 2010). As a result, this study utilized the measurement of OCB developed by Konovsky and Organ (1996) in a hospital setting which was based on Podsakoff et al. (1990).

Research Studies Related to Organizational Citizenship Behavior

Although the majority of the research on OCB has been conducted in North America, researchers around the world have been increasingly interested in OCB because of the globalization (Organ et al., 2006). Therefore, the effects of leadership behavior, task characteristics, group characteristics, organizational characteristics, and cultural context were vital for OCB researchers nowadays (Organ et al., 2006). Therefore, nurse researchers from different countries studied nurses' OCB and their results showed the overall mean score of nurses' OCB is high but different in their dimensional behaviors.

Clark et al. (2013) conducted a peer rated survey to investigate the moderating influence of role definitions on the association between safety climate and nurses' organizational OCB at two hospitals in the Midwestern United States. Their result demonstrated that 94 hospital nurse dyads showed an overall high mean score ($\overline{X}$ = 4.50, SD = 0.75). In a study of China, the overall mean score of nurses' OCB by using self rated questionnaires was high ($\overline{X}$ = 5.30, SD = 0.72) (Yang, 2012).

The following two research studies demonstrated the same results although the studies used different rating methods. One is a cross-sectional, descriptive and analytical study from Iran conducted among 510 nurses working in 15 teaching hospitals in Tehran (Dargahi et al., 2012). That study showed most of the nurses (more than 80% out of 510 nurses) had OCB and frequently demonstrated as altruism, sportsmanship, conscientiousness, and civil virtue with the percentage 57.6%, 35%, 30.5%, and 17% correspondingly (Dargahi et al., 2012). Moreover, Cohen and Kol (2004) examined the relationship between professionalism and OCB among 1,035 registered nurses in four public hospitals by using supervisor rating OCB in northern Israel. Their finding demonstrated that nurses showed altruism with a higher mean score ($\overline{X}$ = 4.34, SD = 0.52) than generalized compliance ($\overline{X}$ = 3.94, SD = 0.72) (Cohen & Kol, 2004).

However, the other studies showed different results among dimensional behaviors of OCB across culture. In Turkey, Altuntas and Baykal (2010) investigated 482 nurses' OCB levels and demonstrated their results with the mean score as conscientiousness ($\overline{X}$

= 6.21, SD = 0.78), followed by altruism ($\bar{X}$ = 5.75, SD = 0.99), courtesy ($\bar{X}$ = 5.55, SD = 1.16), and civic virtue ($\bar{X}$ = 5.00, SD = 1.39), which were all above the average. However, the mean score of sportsmanship was ($\bar{X}$ =4.40, SD=1.43) the lowest among nurses in eleven hospitals at Istanbul (Altuntas & Baykal, 2010). In one study from China on 241 doctors and nurses in eleven hospitals, the researchers expressed that the highest mean score of OCB among the subjects was courtesy ($\bar{X}$ = 4.54, SD = 0.62), followed by altruism ($\bar{X}$ = 4.39, SD = 0.65), civic virtue ($\bar{X}$ = 4.19, SD = 0.77), conscientiousness ($\bar{X}$ = 4.15, SD = 0.66), and sportsmanship ($\bar{X}$ = 4.04, SD = 0.78) (Lv et al., 2012). Furthermore, Konovsky and Organ (1996) studied supervisors provided rating of employees' OCB at one hospital in the south central United States. Their result illustrated that courtesy was the highest ($\bar{X}$ = 5.92, SD = 1.16) then generalized compliance ($\bar{X}$ = 5.82, SD = 1.26), civic virtue ($\bar{X}$ = 5.81, SD = 1.14), altruism ($\bar{X}$ = 5.46, SD = 1.26), and sportsmanship ($\bar{X}$ = 5.06, SD = 1.64), (Konovsky & Organ, 1996).

There are two studies which illustrated that OCB can be different among groups. One doctoral dissertation conducted an online survey on 2232 participants who were at least 18 years old and currently working either full-time or part-time in an organization in the southwestern United States (Liu, 2008). The researcher randomly splits the samples into two independent subsamples. 1097 cases were used to develop and test the measurement model and 1135 cases were then used to test the structural model. Both groups expressed their OCB as courtesy with the mean scores ($\bar{X}$ = 4.34, SD = 0.57) and ($\bar{X}$ = 4.36, SD = 0.55), conscientiousness ($\bar{X}$ = 4.31, SD = 0.51) and ($\bar{X}$ = 4.29, SD = 0.49), and for altruism ($\bar{X}$ = 4.00, SD = 0.56) and ($\bar{X}$ = 3.98, SD = 0.56) respectively. However, the first group had higher mean scores of civic virtue ($\bar{X}$ = 3.93, SD = 0.59) followed by sportsmanship ($\bar{X}$ =3.90, SD = 0.55) whereas the second group had higher scores of sportsmanship ($\bar{X}$ = 3.91, SD = 0.52) followed by civic virtue ($\bar{X}$ = 3.89, SD = 0.62) (Liu, 2008). One Thailand doctoral dissertation on the effect of perceived organizational support and organizational commitment on OCB among nurses studied 164 full-time nurses and 18 nursing supervisors from a provincial hospital located in Phayao, Northern Thailand (Pianluprasidh, 2005). The result showed that nurses from the outpatient department had a highest OCB level ($\bar{X}$ = 64.60, SD = 2.88) and nurses

from Obstetric department were the lowest ($\bar{X}$ = 50.75, SD = 10.03) among 18 departments (Pianluprasidh, 2005).

According to the above research studies on the topic of OCB, the number of studies had dramatically increased over the past three decades especially from the Western countries. In addition, most of the study results exposed that the overall mean score of their subjects' OCB was shown to be a high level. However, some studies illustrated that the levels of OCB among dimensions were the same while some studies were inconsistent especially different across dimensions, culture and groups. For those reasons, it was necessary to conduct an additional study to explore the level of OCB among nurses.

Workplace Spirituality

Research on workplace spirituality was gaining momentum at an accelerated rate because of social and business changes, profound changes in values globally, and broader spirituality changes taking place in connection with Americans' interest in Eastern philosophies (Giacalone & Jurkiewicz, 2003). Although development of a workplace spirituality paradigm lacked a sound theoretical base, the scientific study of workplace spirituality could bring forth a new development in the organizational sciences (Giacalone & Jurkiewicz, 2003).

Definition of Workplace Spirituality

The terms spirit at work, spirituality at work, workplace spirituality, and spirituality in the workplace seem to be used interchangeably to capture similar notions (Kinjerski & Skrypnek, 2006). Mitroff and Denton's (1999) seminal definition of spirituality is the basic feeling of being connected with one's complete self, others and the entire universe because it reflects the important dimensions relating to the spiritual self: such as inner life, meaning of work, personal responsibility, organizational values and blocks to spirituality. This was also in line with Ashmos and Duchon's (2000) definition and also comprehensive conceptualization of spirituality at work (Geh, 2009).

In the study of workplace spirituality in a healthcare setting, Ashmos and Duchon (2000) defined spirituality at work 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. Sanders, Hopkins, and Geroy (2004) defined spirituality in the workplace as the extent to which the organization encourages a sense of meaning and interconnectedness among their employees in line with the definitions of Mitroff and Denton (1999) and Ashmos and Duchon (2000).

In the handbook of Giacalone and Jurkiewicz (2003) on workplace spirituality and organizational performance, they defined workplace spirituality as a framework of organizational values evidenced in the culture that promotes employees' experience of transcendence through the work process, facilitating their sense of being connected to others in a way that provides feelings of completeness and joy. In the eastern context of Petchsawang and Duchon (2009), they defined workplace spirituality as having compassion toward others, experiencing a mindful inner consciousness in the pursuit of meaningful work and that enables transcendence.

Among the above definitions of workplace spirituality, Ashmos and Duchon (2000) definition of workplace spirituality was clearer and emphasized the workplace more than religion. They choose a hospital setting as their research setting for the concept of workplace spirituality. Therefore, this study had been utilized for Ashmos and Duchon's (2000) definition of workplace spirituality.

Concepts and dimensions related to workplace spirituality. As the study of workplace spirituality was still in its infancy, the concept of workplace spirituality had to be clearly defined (Kolodinsky et al., 2008). Denton and Mitroff (1999) described workplace spirituality as involving the effort to find one's ultimate purpose in life, to develop a strong connection to coworkers and other people associated with work, and to have consistency (or alignment) between one's core beliefs and the values of their organization (Milliman et al., 2003). As a result, spiritual employees joined their workplace by supporting their colleagues, seeking quality, doing a good job which leads to increased productivity (Garcia-Zamor, 2003).

According to Krishnakumar and Neck (2002), they examined some of the most popular viewpoints of spirituality including the existentialist perspective in order to search for meaning in what we are doing at the workplace. The lack of meaning in daily

work can lead to existential sickness and also can lead to separation/ alienation from oneself which in turn can greatly reduce productivity and can result in employee frustration (Naylor et al., 1996, as cited in Krishnakumar & Neck, 2002). The followings are the most common well-known concepts and models in the area of workplace spirituality.

Concept of workplace spirituality developed by Ashmos and Duchon (2000). Stemming from a growing interest in corporate America, Ashmos and Duchon offered a conceptualization and definition of spirituality at work and presented the empirical support for a measure of it in healthcare setting based on growing interest in Corporate America. They described the spirituality as people experiencing a sense of connectedness to one another and to their workplace community without emphasizing religion. Additionally, they explained that a workplace where people experience joy and meaning in their work is a place where spirituality is more observable than a place where people do not. According to their definition, spirituality at work has three components; the inner life, meaningful work and the community.

Inner life is about coming to understand one's own divine power and how to use that divine power to live a more satisfying and more full outer life and the recognition of spirituality in the workplace means seeing the workplace as populated by people who have both a mind and a spirit and believing that the development of the spirit as important as the development of the mind. *Meaning and purpose in work* refers to accepting that employees want to be involved in work that gives meaning to their lives; and to recognize that workers are spiritual beings whose souls are either nurtured or damaged by their work. *A sense of connection and community* refers to the idea that part of being alive is living in connection to other human beings because the workplace is being recognized as its own kind of community. Spirituality at work has appeared in part because people want to feel connected to work that is important and connected to each other at work (Ashmos & Duchon, 2000).

In addition, they identified another four factors as *blocks to spirituality*, which refer to the conditions that would inhibit the development of spirituality in the workplace; *personal responsibility* and *positive connection with other individuals*

capture aspects of community that enrich the concept; and *contemplation* captures additional behaviors associated with expressing an inner life.

Concept of workplace spirituality developed by Milliman et al. (2003). Milliman and his colleagues studied a model of workplace spirituality which impacts on employees' work attitude by a clearly defined and constructed measure of workplace spirituality based on the concept of Mitroff and Denton (1999); and Ashmos and Duchon (2000). They focused on three dimensions including purpose in one's work or *meaningful work* (individual level), having a *sense of community* (group level), and being in *alignment with the organization's values* and mission (organization level). They chose to focus on only three dimensions in three levels for four reasons. Firstly, those three dimensions were important in prior studies and are representative of employees' involvement in spirituality in the workplace at three levels of analysis. Secondly, workplace spirituality should be recognized as a complex and multi-faceted construct and they did not focus on the transcendent aspect of workplace spirituality because it is more likely to impact an individual's personal life. Thirdly, these three dimensions were more closely related with employee work attitudes and behaviors. Lastly, they used those dimensions in order to make their study more parsimonious.

Other well known concepts of workplace spirituality in the literature were Sheep's Workplace Spirituality P-O Fit model (2004); Rego and Cunha's model (2008) and Kolodinsky et al.'s model (2008).

The Person-Organization fit concept of workplace spirituality developed by Sheep (2004). Although there was no acknowledged consensus definition of workplace spirituality among researchers, Sheep (2004) proposed a conceptual convergence based upon a review of the literature from 1994 to 2004. He proposed that individual perception of P-O fit between preferences and the corresponding organizational supply to facilitate or fulfill those preferences is likely to explain more variance in outcomes such as extra-role / OCB as well as P-O fit (e.g., stress, job satisfaction, tenure, value change, and individual creativity) than would a direct effect of levels of individual spirituality alone. He explained the spiritual preferences that members bring to the workplace are expectations of the work organization to nourish, facilitate, or supply the four components of workplace spirituality (Sheep, 2004). These four dimensions were:

self-workplace integration: it boils down quite simply as a personal desire to bring one's whole being into the workplace (as workgroup or organization), specifically, not to check one's spiritual component at the door. However, employees at all levels will vary in their preferences for the degree of holism, or the integration of one's inner (spiritual) life with the work environment; *meaning in work*: when the nature of one's work (rather than the broader work environment) is the object of life integration, the meaning with which one imbues the work becomes highly salient to the person; *transcendence of self*: as a connection to something greater than oneself; is a firmly embedded component in the spirituality literature; and *personal growth and development of one's inner life at work*: is seen as being able to reach one's full potential and to have positive attitudes and relationships with the world. Moreover, it must occur at work if the human life at work is to be integrated and whole. The organizations should thus provide opportunities for employees to experience, greater personal growth and development (Sheep, 2004).

Concept of workplace spirituality developed by Rego and Cunha (2008). Rego and Cunha contributed to the understanding of the relationship between spirituality and an organization by using empirical and theoretical evidence. They presented the idea that workplace spirituality plays an important role in the management which can impact commitment and more committed people tend to offer higher efforts to work, thus contributing to organizational performance. They developed five dimensions of workplace spirituality as follows: *team's sense of community* refers to items related to team spirit, mutual care between members, sense of community and sense of common purpose (similar to "sense of community" by Milliman et al., 2003); *alignment between organizational and individual values* refers to the items representing the congruence between organizational values and the inner life of individuals (similar to alignment with organizational values by Milliman et al., 2003; and organization values factor by Ashmos & Duchon, 2000); *sense of contribution to the community* refers to aggregates items meaning that work done by the individual is congruent with his/her personal life values and is helpful for the community (similar to the meaningful work dimension by Milliman et al., 2003; and Ashmos & Duchon, 2000); *sense of enjoyment at work* comprises items related to the sense of joy and pleasure at work (sub-dimension of the meaningful work of Milliman et al., 2003; and Ashmos & Duchon, 2000); and *opportunities for inner life* refer to descriptors concerning the way

the organization respects the spirituality and spiritual values of the individual (absence/presence of the blocks to spirituality by Ashmos & Duchon, 2000; and spiritual bonding by Burroughs & Eby, 1998).

In summary, viewing the fundamental concept of spirituality and in the current literature indicates that spirituality is a multi-dimensional, multi-level phenomenon (Pandey, Gupta, & Arora, 2009). In addition, the spirituality at work construct could be conceptualized at three different levels of analysis: organizational, group and individual (Geh & Tan, 2009). Additionally, there are many studies that adopted the concept of Milliman et al. (2003), dimensions and measurement in organizational theory (Chinomona, 2012; Kazemipour et al., 2012; Nikpoor, Manzari, Hosseininezhad, 2011; Pawar, 2009a; Piryaei & Zare, 2013; Rego & Cunha, 2008; Sheng & Chen, 2012). For those reasons, this study has utilized Milliman et al. (2003) concept of workplace spirituality which focuses on three levels of workplace spirituality in the individual, work group and organization.

Dimensions of workplace spirituality.

The three dimensions of workplace spirituality by Milliman et al. (2003).

Meaningful work. This refers to a fundamental aspect of spirituality at work involves having a deep sense of meaning and purpose in one's work. This dimension of workplace spirituality represents how employees interact with their day-to-day work at the individual level.

Sense of community. This refers to a critical dimension of workplace spirituality involves having a deep connection to, or relationship with, others, which has been articulated as a sense of community. This dimension occurs at the group level of human behavior and concerns interactions between employees and their co-workers.

Alignment with organizational values. This refers to individuals experience a strong sense of alignment between their personal values and their organization's mission and purpose.

In summary, there were many scholars who adopted the above three dimensions of workplace spirituality in organizational theory (Nikpoor & Hosseininezhad, 2011;

Chinomona, 2012; Sheng & Chen, 2012; Piryaei & Zare, 2013). Thus, this study has also applied three dimensions of Milliman et al. (2003) which focused on three levels of workplace spirituality; individual, work group and organization.

Measurements of Workplace Spirituality

Ashmos and Duchon's workplace spirituality scale (2000). Ashmos and Duchon developed a survey and conducted a principal components factor analysis, extracting seven different sub-dimensions of workplace spirituality under three main dimensions. They used a longitudinal study of workplace spirituality by using a sample of four hospital systems in different cities in the US. They built up 66 items with seven point likert type scale from 1 (strongly disagree) to 7 (strongly agree). The items were grouped in three parts to address three levels of analysis as part one (34 items) to address attitudes about themselves and their immediate work environment (conditions for community, meaning at work, inner life, blocks to spirituality, personal responsibility, positive connection with other individuals and contemplation), part two (16 items) to address attitudes about their work unit functions (work unit community and positive work unit values) and part three (16 items) to address attitudes about their work organization as a whole (organization values and individual and the organization). Inter-item correlation matrix and factor analysis were used and factor loadings greater than .400. Cronbach alphas ranged from .69 to .93.

In 2005, Duchon and Plowman measured spirituality at work with three dimensions; individual (community, meaning at work and inner life) and two work-unit level (work unit community and work unit meaning) based on the work of Ashmos and Duchon (2000). They illustrated community (9 items), meaning at work (7 items), inner life (5 items), work unit community (8 items) and work unit meaning (6 items) with the reliability of a Cranach's alpha value ranging from 0.82 to 0.91(Duchon & Plowman, 2005).

Milliman et al.'s workplace spirituality scale (2003). Milliman et al. measured workplace spirituality by using adapted three dimensional scales with 21 items on a seven point scale from 1 (disagree strongly) to 7 (agree strongly). The three dimensions of workplace spirituality include meaningful work (six items) and alignment with

organizational values (eight items) which were adopted from Ashmos and Duchon (2000) while sense of community (seven items) developed by themselves. The reliability of their measurement was Cranach's alpha value ranging from 0.88 to 0.94. Overall results of CFA indicated a good fit for all the scales used as TLI= 0.94. All item loadings were above the preferred 0.30 threshold for acceptability. In addition, all t values for the loadings were significant at $p < 0.001$.

Sheep's workplace spirituality P-O fit scale (2004). Workplace Spirituality P-O Fit Scale was developed with two (20) item subscales (five items for each of the four dimensions) with item-to-item correspondence between preferences and supplies by using standard scale development methodologies. Analysis of the data proceeded with the alpha reliabilities ranging from 0.82 to 0.92. After that, exploratory factor analysis (EFA) was used and four factors emerged that were consistent with the four-dimensional grouping of items in the survey, with adjusted items loading 0.7 or greater. A confirmatory factor analysis (CFA) was then conducted to determine the fit of the measurement model to the data with the acceptable results in preference items (RMSEA = 0.048 < 0.05; AGFI = 0.84) and supply items (RMSEA = 0.042 < 0.05; AGFI = 0.85). Thus, the four-factor structure of the items for the dimensions of workplace spirituality was supported. Moreover, the analysis demonstrated convergent and discriminant validity and also provided support for the construct validity of the scale (Sheep, 2004).

Rego and Cunha's workplace spirituality scale (2008). Rego and Cunha (2008) aimed to counter the scarcity of empirical studies on organizational spirituality, by analyzing how the perceptions of employees about workplace spirituality in their organizations help to explain their commitment towards the organization. They constructed their measure of workplace spirituality with five dimensions consisting of 19 items six-point self-report scales from two literature sources and a content analysis of responses by 23 organizational members. They reviewed the literature and selected items representing four dimensions: meaningful work, sense of community, alignment between organizational and individual values, and inner life in the works of Milliman et al. (2003); Ashmos & Duchon (2000); and Duchon and Plowman (2005). The other source was from their questions about 361 people from 154 organizations (Rego &

Cunha, 2008). A five-factor solution was extracted which explained 70 percent of the total variance and Cronbach alphas were from .67 to .88

In summary, workplace spirituality scale of Milliman et al. (2003) was an important operationalization of the workplace spirituality concept in three levels and most commonly used in social research. It also has been utilized in other organizational outcome studies (Kazemipour et al., 2012; Nasurdin et al., 2013; Pawar, 2009a; Rego & Cunha, 2008). Thus, the measurement of workplace spirituality by Milliman et al. (2003) was used in this study.

Research Studies Related to Workplace Spirituality

Nowadays, academics have begun investigating workplace spirituality, especially in business organizations. However, there is still a limited amount of research in the nursing profession.

In 2003, Milliman et al. (2003) implemented a cross-sectional survey design on part-time, evening MBA students attending a business school in the southwestern-United States. Their result expressed that all dimensions of workplace spirituality were at moderate levels where meaningful work ($\bar{X}$ = 4.82, SD = 1.53) was the highest, and followed by sense of community ($\bar{X}$ = 4.72, SD = 1.23), and alignment with organizational values ($\bar{X}$ = 4.51, SD = 1.37) (Milliman et al., 2003). The study from Zimbabwe examines 320 small and medium enterprise employees who were working in the manufacturing and service sector and showed their workplace spirituality to be at a moderate level ($\bar{X}$= 4.81, SD = 1.27) (Chinomona, 2012).

A study conducted in Uganda examined the moderating effect of workplace spirituality on the relationship between organizational commitment and OCB. The sample of 74 permanent staffs from Uganda Christian University participated and the result demonstrated that all mean scores of workplace spirituality were at high levels, meaningful work was the highest ($\bar{X}$ = 4.36, SD = 0.51), followed by alignment with organizational values ($\bar{X}$ = 3.99, SD = 0.71) and sense of community was the lowest ($\bar{X}$ = 3.94, SD = 0.82) (Katono et al., 2012).

Another study from Malaysia examined workplace spirituality and OCB of 171 full-time academic staffs from private institutions of higher learning located in the state of Penang, Malaysia (Nasurdin et al., 2013). Their study illustrated that all the mean scores on three dimensions of workplace spirituality were high where sense of community was the highest ($\overline{X}$ = 3.89, SD = 0.43), followed by meaningful work ($\overline{X}$ = 3.88, SD = 0.39) and alignment with organizational values ($\overline{X}$ = 3.74, SD = 0.39) (Nasurdin et al., 2013).

However, Pawar's (2009a) study examined the individual spirituality, workplace spirituality and work attitudes of 171 working employees from various organizations in India. The results indicated that positive organizational purpose was the highest mean score ($\overline{X}$ = 3.85, SD = 0.72), followed by meaning in work ($\overline{X}$ = 3.79, SD = 0.54), and community at work ($\overline{X}$ = 3.77, SD = 0.52) (Pawar, 2009a).

In summary, the results of those research studies of workplace spirituality illustrated that employees perceived their workplace as meaningful which takes place in the context of a community. Moreover, most of the study results showed the overall mean score of their subjects' workplace spirituality was above the average level while some were at a moderate level. However, research concerning workplace spirituality in the nursing profession was lacking. Therefore, this study examines workplace spirituality as a study variable in the nursing profession.

Relationship Between Workplace Spirituality and Organizational Citizenship Behavior

Individual spirituality is considered an internal substance that affects people's behavior (Moore & Casper, 2006). Additionally, when employees experience a deep and strong alignment between their personal goals and organizational values, it leads them to regard their work as more than just a job in order to lead them to perform extra role behaviors, including acts of OCB (Kolodinsky et al., 2008; Milliman et al., 2003; Rego & Cunha, 2008). Moreover, Bennett Tepper proposed spirituality as an antecedent to employees' OCB and observed that they perform OCB with greater frequency when they were motivated to find meaningfulness that influences their willingness to perform

desired work behavior through three mediating psychological states: gratefulness, sensitivity to the needs of others and tolerance for inequity (Tepper, 2003).

The important primary basis of claim for well-being and task performance was a complex relationship at the organizational level, indirect effects e.g. empirical evidence of OCB based on examining the contents of approximately (50) books, theses, and journal articles on Spirituality at Work (Gibbons, 2000). Likewise, Pawar (2009b) integrated workplace spirituality with organizational literature and indicates that these four organizational behavior concepts (transformational leadership, OCB, organizational support, and organizational justice) constitute a precursor to workplace spirituality. Moreover, he proposed an emerging testable proposition from his study linkage as employee experiences of workplace spirituality will be positively associated with employee performance of OCB (Pawar, 2009b).

Sheep (2004) proposed that individual perception of person organization (P-O) fit between preferences for each of the four dimensions of workplace spirituality and the corresponding organizational supply to facilitate or fulfill those preferences is likely to explain more variance in outcomes such as extra-role or OCB as well as other outcomes that are linked to P-O fit (e.g., stress, job satisfaction, tenure, value change, and individual creativity) than would a direct effect of levels of individual spirituality alone.

Nowadays, OCB is imperative for the healthcare organization in order to be significantly related to workplace spirituality according to the previous research among 305 nurses worked at general hospitals, Kerman, Iran (Kazemipour et al., 2012). Their study revealed that there was a significant moderate positive correlation between workplace spirituality and nurses' OCB which means that nurses who had spirituality in their workplace performed more acts of OCB ($r = 0.401$) at $p < 0.001$ (Kazemipour et al., 2012). For the mediation effect, OCB was regressed on workplace spirituality and indicated that the relationship between those two variables remained significant by the inclusion of the affective commitment in their equation, and it was reduced $r = .401$ to .286 at the significant level of $p < 0.05$ (Kazemipour et al., 2012).

Another study from Malaysia of 171 academic staffs in private institutions revealed that all four dimensions of OCB (sportsmanship, combined altruism and

courtesy as helping, conscientiousness and civic virtue) had significant positive correlations with three dimensions of workplace spirituality in which the magnitude was with a range from moderate to strong linear relationship ($r = 0.30$ to $r = 0.58$) at $p < 0.01$ (Nasurdin et al., 2013).

A study from Iran showed workplace spirituality had a significant positive influence on OCB among 300 insurance employees in Babol, Iran (Rastgar et al., 2012). A Pearson correlation test among dimensions of workplace spirituality and OCB showed positive relationships with the range from weak to strong level with ($r = 0.145$ to $r = 0.512$) (Rastgar et al., 2012).

A study conducted in Pakistan examined OCB constructs (civic virtue, sportsmanship, conscientiousness and altruism) and workplace spirituality (meaning at work and conditions for community) and their influence on the sales performance of 213 employees from 15 companies in the Lahore region (Malik et al., 2011). Their results indicated that meaning at work had a significant positive moderate level relationship with civic virtue ($r = 0.30$) and weak relationships with conscientiousness and altruism ($r = 0.22, 0.17$), and conditions for community had a significant positive weak relationship with civic virtue, conscientiousness, and altruism ($r = 0.21, 0.25, 0.21$), respectively. However, both meaning at work and conditions for community had no significant relationship with sportsmanship (Malik et al., 2011).

In summary, most of the studies showed a positive correlation between workplace spirituality and OCB in all areas while meaning at work and conditions for community no significant relationship with sportsmanship in the Pakistan study. However, the levels of correlation ranged from weak to strong in order to identify both overall relationships between workplace spirituality and OCB and across the dimensions. Among those studies, there was only one study concerning nurses' workplace spirituality and OCB with a moderate level of correlation. Therefore, this study examined the relationship between Myanmar nurses' workplace spirituality and their OCB to facilitate nursing performance in order to get organizational effectiveness especially in general hospitals.

Situation of Nursing Profession in the Republic of the Union of Myanmar

In an attempt to reach the objective of uplifting the health status of the entire nation in Myanmar, the Ministry of Health took the responsibility of providing comprehensive health care services covering activities for promoting health, preventing diseases, providing effective treatment and rehabilitation to raise the health status of the population (MOH, 2013). To ensure adequate coverage of hospital services, hospital upgrading projects were being planned and implemented by establishing new hospitals in some remote area and hospital beds were increased in hospitals with high population density (MOH, 2013). By the end of March 2013, total public hospitals numbered 944 with 44,120 total beds under the Ministry of Health.

Under the guiding principles of the National Health Plan (2006-2011), the quality of healthcare services in hospitals project addresses not only to the population in urban areas but also to the people living in rural areas by providing effective medical care and modern health facilities (MOH, 2008b). Curative services are provided by various categories of health institutions with the following six types of hospitals in urban areas: General hospitals, Specialist hospitals, Teaching hospitals, Region/State hospitals, District hospitals, and Township hospitals in urban areas (MOH, 2013). In rural areas, Sub-township hospitals, Station hospitals, Rural Health Centers and Sub-Rural Health Centers are providing comprehensive health care services for rural people (MOH, 2013).

Some time ago, there were still many shortcomings, such as insufficient hospital administration and health management at different levels; and shortage of manpower and technology despite innovative approaches in the healthcare delivery system (MOH, 2008b). Nowadays, medicines and medical equipment are also increasingly provided to each and every health facility with increased budget allocated directly to central hospitals or over 200 bedded hospitals, indirectly to 16-150 bedded hospitals through respective State and Divisional Health departments, including renovations and increases in the supply of drugs and equipment. These mechanisms were also a necessary initial basis for decentralization (MOH, 2013). In addition to structural coverage and functional quality, more patient centered, responsive and accountable curative services are provided by health staff (MOH, 2013). While a community cost sharing system was

still in place, free service for emergency treatments, hospital deliveries and some specialist care were being provided (MOH, 2013).

The population of Myanmar in 2011-2012 was estimated at 60.38 million with the growth rate of 1.01 percent. About seventy percent of the population resides in the rural areas, whereas the remaining were urban dwellers (MOH, 2013). However, Yangon was the former capital of Myanmar and home to some five million people. The population density, with 7,300 per square kilometer (MOH, 2013). Therefore, numbers of sanctioned beds were highest in Yangon where the largest number of people reside. Today, the government provides upgrades for the hospitals as 12 specialist hospitals, 8 general hospitals with specialist service, one 150 bed hospital, one hospital of 100 beds, ten hospitals of 50 beds, fourteen hospitals of 25 beds, five hospitals with 16 beds and 26 station hospitals in the Yangon region (MOH, 2008a).

However, daily use of hospital beds per 100,000 members of the population was still highest in Yangon region. In addition, hospital admissions per 1,000 people , patient days per 1,000 people , the fatality rate per 1,000 discharges and deaths were higher in Yangon region, and number of outpatient attendances per 1,000 people with 131 patients (MOH, 2008a). Upon reviewing the workload of public hospitals, General Hospitals had more workload than other types of hospitals. Among these hospitals in Yangon, four hospitals had similar character and higher bed occupancy rate than the others as 113% in Sanpya General Hospital, 93% in Insein General Hospital, and 70% in both East Yangon General Hospital and West Yangon General Hospital (MOH, 2008a). Moreover, the total number of nurses in Myanmar was 28,254 and the ratio of nurses to population was 1:2124 (MOH, 2013) which was lower than the standard 1:500 population of WHO.

Currently, the National Health Committee of Myanmar emphasized the need to create a happy and healthy environment for both healthcare workers and for patients by providing more balance to staff-patient ratios across the country (The New Light of Myanmar Newspaper, 2014). Nowadays, the Ministry of Health supplies increased numbers of nurses in all areas and the nurse to population ratio was changed from 1:2305 in 2011 to 1:2124 in 2013 (MOH, 2012; MOH, 2013). Additionally, the Health Workforce Strategic Plan (2012-2017) was developed to solve the issues on low

motivation and performance of health workers at all levels and insufficient salaries to meet basic living costs and low incentives (MOH, n.d.).

In the Health Workforce Strategic Plan (2012-2017), the Ministry of Health guaranteed the availability of a competent and motivated health workforce through improved training and supervision and developed a plan to upgrade all nursing and midwifery training schools into University or College level with a view to have an entire nursing workforce with a minimum Bachelor level qualification (MOH, n.d.). At the moment, more postgraduate training courses are being conducted for higher learning under the Department of Medical Science, Ministry of Health (MOH, 2013). Nowadays, nurses from Myanmar are encouraged not only to complete in-service training at their hospitals but also to strive for higher learning through graduate and postgraduate training courses both locally and abroad. Moreover, nurses have a chance to get the same pay and benefits during their study. Moreover, 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.).

For the nursing positions, education, and promotional chance, there were four levels of nurses in these hospitals . These four levels are trained nurse, staff nurse, ward sister, and matron. A Trained nurse is mostly a junior nurse who is newly recruited after studying a three years diploma course or a four years Bachelor Degree course at the same pay and benefits but a different promotional chance. A trained nurse who gets a four year Bachelor Degree has a chance of promotion to be a staff nurse after two years service while the Diploma certificate holder needs three years service. They give direct nursing care generally in technical skills. A Staff Nurse is a senior nurse who is promoted from the trained nurse post after at least three years of service. They provide both nursing care to the patients and supervise the trained nurses and have more responsibilities. However they have the same pay and benefits as a trained nurse.

A sister is a nurse who is promoted as an in-charge nurse from staff nurse post after working at least seven years in a staff nurse position and must be a holder of a Bachelor of Nursing Science (BNSc). Therefore, most staff nurses who have a diploma certificate study a two year (BNSc) bridge course for their career. There are 150

bachelor degrees (Generic) and 100 bachelor degrees (Bridge) issued every year from two Universities of Nursing (University of Nursing, Yangon, 2011). The role of Sister is to be in-charge of each ward and manage the ward by allocating the resources, both human and materials. Matron is the highest and there is only one such post in each of these five hospitals. A matron has an administrative role and manages the nursing section of the hospital and also participates in hospital administration (Hla, 2006).

Although the nursing profession in Myanmar has been in existence since the British governed in the 1880s, the development has been very slow compared to the medical profession (Hla, 2002). Being a status of a dependent occupation, nursing education has taken the central role in striving for progress in nursing (Hla, 2006). However, some nurses and midwives from Myanmar received the Florence Nightingale Medal Award in addition to HRH the Princess Mother of Thailand and have been honoured both locally and abroad for their self-sacrificing spirit. Major Daw Khin Ohn Mya (Army nurse/1963), Daw M. Yaw Nan (Nurse/1993), and Daw Thein Ye (Midwife/2001) obtained a Florence Nightingale Medal Award; and one awardee of HRH the Princess Mother of Thailand was Daw Eileen Barbara (Nurse) at 2012. Nowadays, Myanmar is implementing national health care with trained and qualified healthcare personnel, especially nursing and midwifery personnel who provide 24-hour care for the clients at all levels of healthcare. Nursing is a vital and indispensable component of the health care delivery system (Maung, 2012).

Some research studies the perception of nurses and patients on the nursing profession and activities that reflect nursing trends in Myanmar. In the past, the study of nurses' frustrations which were encountered in their work setting by using a feminist methodological approach on eight nurses at one hospital in Yangon showed that nurses were frustrated in their work due to inadequate nurse manpower, heavy workload, non-nursing activities, routine style of duty schedule, situational change, lack of recognition, lack of power, lack of respect, and the feeling of being an oppressed group (Nwe, 1997). Therefore, her study pointed out the alternative ways to decrease nurses' frustration with their job and to provide nursing care effectively after focus group discussions (Nwe, 1997).

Another published bachelor's study is a descriptive research on sixty nurses' perception towards the quality of nursing care in New Yangon General Hospital at Yangon (Thet et al., 2004). Their results indicated that both staff nurses and trained nurses perceived their nursing care as significantly high in physical care than nurse-physician relationship (Thet et al., 2004).

A descriptive study examined 90 nurses' perceptions and feelings about their work and work situation (15 sisters, 25 staff nurses and 50 trained nurses) in five general hospitals at Yangon (Hla, 2006). She qualitatively analyzed two open-ended questions regarding the reasons for feelings of achievement and feelings of frustration with their jobs and categorized them under the appropriate emerged themes. The results exposed that 77.8% of total nurses (80% of the sisters and staff nurses, and 76% trained nurses) felt a degree of achievement or accomplishment about their job which was mostly related to their contribution to the patients' welfare. Eighty percent of nurses felt they were not disappointed that they took their job. However, 57.8% of nurses (53.3% of sisters, 68% staff nurses and 54% trained nurses) were frustrated due to lack of resources, understaffing, lack of cooperation between coworkers, unclear job descriptions, limited decision making and feelings of being mistreated (Hla, 2006).

According to the quality of nursing care in Myanmar, Myint (2010) conducted descriptive predictive research on factors related to the quality of nursing care in four general hospitals at Yangon. She expressed that 266 nurses perceived their quality of nursing care at a high level ($\bar{X}$= 368.76, SD = 19.27). She discussed the possible reasons as nurses' commitment to professional excellence in providing the highest quality of care, being ethically and legally accountable for their practice and the perception of their actions.

For the nursing leadership in Myanmar, one more descriptive correlational study on 138 head nurses' leadership style from general hospitals in Yangon showed their leadership style as more transformational ($\bar{X}$ = 3.16, SD = 0.46) than transactional ($\bar{X}$ = 2.37, SD = 0.47) and laissez-faire style ($\bar{X}$ = 0.43, SD = 0.52) (Eh, 2010). She also revealed that a significant positive correlation between head nurses' both transformational and transactional leadership style with organizational effectiveness. Eh (2010) described

the rationales for being high transformational leadership style were the collaboration of nursing division with WHO and ICN (International Council of Nurses), and changes in the Myanmar healthcare system. Moreover, she illustrated that inspirational motivation had a higher mean score ($\overline{X}$ = 3.39, SD = 0.42) than individual consideration ($\overline{X}$ = 3.34, SD = 0.47) among five components of transformational leadership style because head nurses from general hospitals used to work in a simple way and shared goals with their staffs rather than considering their staff as individuals (Eh, 2010).

Concerning nurses' job satisfaction, the master study on 312 nurses' satisfaction and intent to stay in five tertiary general hospitals in the Yangon region, studied the level of intent to stay and the five components of job satisfaction as pay and benefits, support, autonomy and professional opportunity, scheduling, and relationship and interaction (Cho, 2012). Her findings demonstrated that a overall mean score of intent to stay among nurses was at a moderate level ($\overline{X}$ = 16.81, SD = 3.7) and they had high satisfaction with their job regarding relationship and interaction ($\overline{X}$ = 14.81, SD = 2.02) (Cho, 2012). Moreover, the level of nurses' intent to stay was at the moderate level and 13.8% of variability in intent to stay could be explained by job satisfaction and their age (Cho, 2012).

In summary, the above studies in Myanmar concerning perception of nurses and patients on nursing care activities and healthcare providers showed inconsistency. Additionally, a long-term thirty years Myanmar National Health Committee drew up a health development plan to meet future health challenges by considering the rapid changes in trends both nationally and globally. Moreover, the nursing profession is a human service profession in healthcare organizations and deals with diversity and an integrated delivery system. Therefore, hospital administrators should encourage nurses' behavior that helps the organization to become more effective and efficient. For those situations concerning the nursing profession in Myanmar, a study such as this one, regarding nurses' workplace spirituality and their OCB, needed to be conducted.

Conceptual Framework

The conceptual framework for workplace spirituality was based on Milliman, Czaplewski, and Ferguson (2003), which included three dimensions: the purpose in one's work or meaningful work, having a sense of community, and being in alignment with the organization's values and mission. The conceptual framework for OCB was based on Konovsky and Organ (1996), which included five dimensions: altruism, generalized compliance, sportsmanship, courtesy, and civic virtue. Employees who perceive their work as meaningful, have a sense of community and experience a strong alignment between their personal goals and organizational values will work to support their organization more effectively and efficiently which encourages better behavior and performance. The spiritual employees, who had gained greater meaning and purpose from their work experiences in turn joined their workplace by supporting their colleagues, seeking quality, and performing frequent acts of OCB which in turn increases productivity and organization become more effective and efficient. The relationship between workplace spirituality and OCB was examined in this study.