ARAŞTIRMA

Organizational Citizenship Behavior Levels of Nurses and Effective Factors

Hemşirelerin Örgütsel Vatandaşlık Davranışı Düzeyleri ve Etkileyen Faktörler

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ABSTRACT

INTRODUCTION: Nurses who are the most active members of health staff should display high level of organizational citizenship behavior in order to provide more efficient health services. Certain factors like nurse and patient satisfaction, motivation and performances of the nurses promote organizational commitment. Nurses' job satisfaction and commitment to institution reduce the rate of job quitting.
AIM: This descriptive and also comparative study was carried out to determine organizational citizenship behavior levels of nurses and effective factors.
METHOD: Study population included nurses employed in 11 general hospitals with ≥100 bed capacity and located in European Side of Istanbul Personal Information Form and the Organizational Citizenship Level Scale were used for data collection. Approvals of the relevant ethics committee, and related organizations and also participants' consent were obtained. Study data were analyzed by frequency and percentage distributions, ANOVA, Kruskal Wallis, Tukey HSD and t-test with SPSS 11.5 packet software.
RESULTS: Nurses were found to display high levels of organizational citizenship behavior. The factors including organizations, age, position, organizational experience, intentional choice of profession, shift, working type, job satisfaction, and intention to leave from organization were found to be effective on certain organizational citizenship behaviors of nurses.
CONCLUSION: Study results indicated that organizational citizenship behavior levels of nurses were affected by certain factors.

Key words: Nursing, nursing management, organizational citizenship behavior

ÖZET

GİRİŞ: Sağlık hizmetlerinin daha verimli bir şekilde sunulabilmesi, hasta doyumu ve hemşire doyumunun sağlanması, hemşirelerin motivasyon ve performanslarının artırılması, örgütsel bağlılıklarının sağlanması ve işten ayrılma oranlarının azaltılması için sağlık ekibinin en etkin üyesi olan hemşirelerin yüksek düzeyde örgütsel vatandaşlık davranışları sergilemeleri gerekmektedir.
AMAÇ: Hemşirelerin örgütsel vatandaşlık davranışı düzeylerini ve etkileyen faktörleri belirlemek amacıyla tanımlayıcı ve karşılaştırmalı tasarımda gerçekleştirilmiştir.
YÖNTEM: Araştırma İstanbul ili Avrupa yakasında bulunan 100 yatak ve üzeri kapasiteli, özel bir alanda hizmet vermeyen 11 hastanede çalışan hemşireler üzerinde gerçekleştirilmiştir. Veri toplamada kişisel bilgi formu ve Örgütsel Vatandaşlık Davranışı Düzeyi Ölçeği kullanılmıştır. Veri toplamadan önce etik kurul kararı, kurum izinleri ve katılımcıların sözlü onayı alınmıştır. Veriler SPSS 11.5 istatistik paket programı ile frekans ve yüzde dağılımı, ANOVA, Kruskal Wallis, Tukey HSD ve t testi ile analiz edilmiştir.
BULGULAR: Çalışma sonucunda hemşirelerin örgütsel vatandaşlık davranışı düzeylerinin yüksek olduğu belirlenmiştir. Çalışılan kurum, yaş, pozisyon, kurumsal deneyim, mesleği isteyerek seçme durumu, vardiya, çalışma şekli, işinden memnun olma ve işten ayrılmayı düşünme durumu gibi faktörlerin hemşirelerin örgütsel vatandaşlık davranışı türlerini etkilediği saptanmıştır.
SONUÇ: Araştırma sonuçları, hemşirelerin örgütsel vatandaşlık davranışı düzeyinin kişisel ve mesleki faktörlerden etkilendiğini ortaya koymuştur.

Anahtar kelimeler: Hemşirelik, hemşirelik yönetimi, örgütsel vatandaşlık davranışı

INTRODUCTION

In recent years, some cooperative behaviors that are not included in the formal definition of job and aims have emerged among co-workers of organizations, and these behaviors have gradually gained much more importance. The organization members perform these behaviors during the their fulfillment of organizational roles in order to improve peace environment (Organ et al., 2006). Organizational Citizenship Behavior (OCB) is one of the extra role behaviors, which is also known as good soldier syndrome (Çetin, 2004; Sabuncuoğlu and Tüz, 2005; Organ et al., 2006).

Organization Citizenship Behavior
OCB is not directly defined and clearly indicated in the definitions of formal roles. OCBs are positive social behaviors that increase the efficiency of organization as a whole. These are the behaviors displayed voluntarily by workers depending on their personal choice without a written rule, and they are not clearly indicated in the agreement of an organization and not required by job definition; therefore, omission of these behaviors does not bring any penalty (Bolon, 1997; Çetin, 2004; Koberg et al., 2005; Sabuncuoğlu and Tüz, 2005; Organ et al., 2006).

Five organizational citizenship behaviors are defined in the literature which are known by different names. These behaviors are,
• Altruism/considering others/helping/self-sacrifice/generosity,
• Conscientiousness/conscience/advanced sense of mission/honesty/fairness.
• Courtesy/courtesy-based information
• Civic virtue/supporting the development of organization
• Sportsmanship/willingness and gallantry/tolerance (Çetin, 2004; Jahangir et al., 2004; Sabuncuoğlu and Tüz, 2005; Organ et al., 2006).

Helping (Altruism): Helping/ altruism is a voluntary act of assisting others with organization-related tasks and problems. Some examples include the behaviors of helping friends or new recruits who have high workload or experience job-related problems, undertaking the job of others who are missing due to disease etc. (Schnake and Dumler, 2003; Jahangir et al., 2004; Organ et al., 2006; Öz, 2009).

Conscience (Conscientiousness): Conscientiousness is the willingness of organization members to display behaviors beyond the minimum role behavior expected from them. For example, this includes trying to come to work in time despite bad weather conditions, cautious use of tea/coffee break and meal times, and working after normal office hours despite the lack of overtime (Schnake and Dumler, 2003; Jahangir et al., 2004; Organ et al., 2006; Öz, 2009).

Courtesy - based information (Courtesy): Courtesy stands for the positive behaviors displayed by the members who should be in communication within the organization and are affected by each other's works and decisions. Courtesy - based information includes future-related behaviors like informing others before starting an action, warning other people in the organization about dangerous activities, and taking precautions to prevent or alleviate the adverse effects of problems (Schnake and Dumler, 2003; Jahangir et al., 2004; Organ et al., 2006; Öz, 2009).

Supporting the development of organization (Civic Virtue): Civic virtue is the active participation of workers in the political life of the organization. For instance, it includes some behaviors like regularly attending intra-organizational meetings and discussions, closely following the changes in the organization and offering solutions to problems, and joining in the decisions made within the organization (Schnake and Dumler, 2003; Jahangir et al., 2004; Organ et al., 2006; Öz, 2009).

Tolerance (Sportsmanship): Tolerance is the avoidance of negative attitudes that could cause tension between members of the organization, unnecessary discussion, spending too much time speaking of the problems at work, and disrespectful behaviors towards work partners (Schnake and Dumler 2003; Jahangir et al., 2004; Organ et al., 2006; Öz, 2009).

Organization Citizenship Behavior in Nursing Services
Nursing is a profession that most closely knows and interacts with patients in the health sector, and therefore, it requires the cooperation of more than one health staff, good communication, and team work. In this respect, OCB increases the inclination towards helping and sharing information, and promoting the feeling of responsibility, motivation, and satisfaction within the organization. For these reasons, OCB is indispensable for establishing a more precise communication and cooperation among health staff, managers, and workers in order to increase work quality and patient satisfaction (Altuntaş, 2008; Altuntaş and Baykal, 2010).

The nurses not displaying OCBs such as helping, informing, tolerating , praising the institution, conscience are more inclined to demonstrate negative behaviors of reduction in the service quality, nonsharing among team members, and conflict. This could cause job dissatisfaction and reduce organizational commitment among nurses. Decreases

in job satisfaction and organizational commitment will eventually cause nurses to quit their job. Besides potentially negative conditions will damage the institutional image, and therefore, they should not be preferred by individuals and institutions (Boerner et al., 2005; Park et al., 2009; Tsai and Wu, 2010).

Nurses who are the most active members of the health staff should display high levels of organizational citizenship behavior in order to more efficiently provide health services. Certain factors like nurse and patient satisfaction, motivation, and performance of nurses promote organizational commitment. Nurses' job satisfaction and commitment to institution reduce the turnover rate (Bolon, 1997).

In parallel with the rapid change and development in the health sector, future staff should meet the demands and expectations of patients and have high team spirit. They should be able to work together with others in coordination and perform the requirements of organizational citizenship behavior in their institutions (Altuntaş, 2008).

Organizational leaders and nurse managers should determine the organizational citizenship behavior levels of nurses and effective factors, and then take the necessary precautions against negative factors, and encourage positive factors. Thus, they should increase nurses' motivation, job satisfaction, organizational commitment and productivity levels. From this respect, this study will provide information especially to the managers of nursing services about OCB levels of nurses and help them to make prediction for organizational commitment, job satisfaction, turnover intention etc. and develop the competencies of nurses. At the same time, the present study will determine the factors effective on OCB and help nurse managers to take necessary precautions for effective factors. Furthermore, it may provide guiding principles to researchers who want to study on this topic.

METHODS

Objective and Design: This descriptive comparative study was carried out to determine OCB levels of nurses and effective factors for OCB.

Research Questions:
The present research sought answers to the following questions:
- What are the level of organizational citizenship behaviors of nurses?
- Do nurses' OCB levels change with their personal and professional characteristics?

Sample: The study population was composed of nurses employed in Ministry of Health hospitals (MoHH), a university hospital (UH), and private hospitals (PH) (9 Ministry of Health hospitals, 3 university hospitals, 12 private hospitals) located in European side of Istanbul. The study sample was composed of nurses with at least one year experience and employed in 11 of the chosen hospitals (5 Ministry of Health, 4 university hospitals, 2 private hospitals) with ≥ 100 bed capacity and not specialized only in a specific area (e.g., gynecology and pediatrics, physical treatment and rehabilitation, psychiatry, chest diseases, and bone diseases) (Erefe, 2002; Sümbüloğlu ve Sümbüloğlu 2000). According to the study design the sampling volume was determined as 865 individuals. To maintain equal representation of each hospital group, a total of 900 (300 for each hospital group) questionnaires were distributed to nurses selected by a simple random sampling method among those who had at least 1 year of experience, completed their orientation to the institution and accepted to participate. A total of 482 fully completed questionnaires were accepted for statistical evaluation.

Instruments: The Organizational Citizenship Level Scale and 10 questions about personal characteristics (sector and institution of employment, position, age, and institutional experience) and professional characteristics (intentional choice of profession, shift, job satisfaction level, and intention of leaving job) were used for data collection in the study. The Organizational Citizenship Level Scale (OCLS) developed by Dolma (2003) determines how frequently workers demonstrate OCBs. The scale was adapted to nursing by Altuntaş (2008) and tested for its validity and reliability in the nursing profession. The scale contains 24 items and five dimensions (conscience - 7 items, praising the institution - 4 items, informing - 5 items, tolerance - 4 items, helping - 4 items), where responses are scored on a 7-point scale (7, always; 6, most of the time; 5, more than half of the time; 4, half of the time; 3, less than half of the time; 2, rarely; 1, never). Cronbach's alpha scores of the OCLS were .77 for conscience, .74 for praising the institution, .68 for informing, .76 for tolerance, and .68 for helping dimensions, with an overall score of .87 (Altuntaş, 2008). The scale has been assessed based on the mean scores of the dimensions, and scores higher than the average score (3.5) indicate high levels of organizational citizenship. However, the items of "tolerance" subdimension consisted of negative statements, and the mean score of the subdimension should be less than the total mean score (3.5). A low score in this subdimension indicates the tolerance of the respondents, while a high score implies the intolerance of the individuals.

Ethical Considerations: Formal and written applications were made in the relevant institutions, and approval of ethics committee of the research center was obtained. In addition, data were collected from nurses voluntarily participating in the study.

Procedures: Data were collected between December 2007 and June 2008 from nurses included in the survey. At first, the nursing service managers were visited in the hospitals by appointment . Then their middle level nurse managers, and nurses of all departments in the hospitals were interviewed individually.

The questionnaires were distributed by hand to those available and volunteering to participate in the research after necessary information and explanation were provided to them. About one week later, the researcher visited the hospitals again, and collected the questionnaires. Data collection tools were distributed to a total of 900 nurses, and usable data were obtained from 482 nurses, 230 from MOHHs, 170 from UHs, and 82 from PHs. Response rate to data collection tool was 53 percent.

Data Analysis: Study data were analyzed by frequency and percentage distributions, variance (ANOVA) analysis, Kruskal Wallis, Tukey HSD and t-test for further analysis in SPSS 11.5 packet software. Study results were evaluated at 95% confidence interval and $p < 0.05$ significance level.

Limitations: Study results are limited, because only nurses employed in hospitals located on the European side of Istanbul were interviewed. The return rate of data collection tool was low because nurses could not fill out the forms due to their high work load and low staffing, as some nurses were on sick leave or vacation. The scope of this was limited with self-assessment responses of nurses. There are limited number of publications concerning OCB in health service and especially nursing services in both foreign and domestic literature, which is another limitation of the study. The total number of nurses working in the hospitals could not be determined because at the time of the study a large number of nurses were resigning from private hospitals and starting to work at Ministry of Health or university hospitals, which led to limitations in terms of sampling choice.

RESULTS

Descriptive Results

Of the participant nurses, the majority (83%) were employed in the public sector, while nearly half of those in the public sector (47.7%) were employed at MOHHs, and a significant number (69.9%) of them were working as unit nurses. In addition, less than half of them (39.6%) were between 26-30 years of age, and a large proportion (68%) had 10 years of experience or less in their current institutions.

It was determined that over half of the nurses (68.7%) had intentionally chosen the nursing profession, and a significant percentage of them (83.2%) were permanent staff members. In addition, nearly half of them (53.7%) were occasionally working night and day shifts, while the remainder was consistently working the day shift. More than half of the nurses (62.5%) were satisfied with their job, while nearly half of them (47.6%) stated that they had been thinking about leaving their job, while a smaller portion (39.6%) stated that they had never thought about it.

Results related to Organization Citizenship Behavior

The mean scores of nurses in the subdimensions of the OCBS were determined as M=6.21±0.78 in conscience subdimension, M=5.00±1.39 in the subdimension of praising the institution, M=5.55±1.16 in informing subdimension, M=4.40±1.43 in tolerance subdimension, and M=5.75±0.99 in helping subdimension. The mean scores of nurses were higher than the median score (3.5) of all subdimensions (Table 1).

The organizational citizenship behavior levels of nurses (Table 2) indicated that nurses employed in private hospitals had higher mean scores in the praising the institution, helping, and tolerance subdimensions, while the nurses employed in university hospitals had higher mean scores in conscience and informing subdimensions. On the other hand, nurses employed in the MoHH had the lowest mean scores in all subdimensions. Statistically significant differences were detected between groups in the subdimensions of praising the institution (F=19.12, p=.000), helping (F=5.28, =.005) and informing (F=10.18, p=.000) (p<.05). The OCB level of nurses employed in the MoHH was significantly lower.

Table 1. The Distribution of Mean Scores of Nurses in Subdimensions of OCBS (N=482)

Subdimension	Minimum	Maximum	Mean±SD
Conscience	1	7	6.21±0.78
Praising the institution	1	7	5.00±1.39
Informing	1	7	5.55±1.16
Helping	1	7	5.75±0.99
Tolerance	1	7	4.40±1.43

Table 2. Comparison of Mean Scores of Nurses in Subdimensions of OCBS in Terms of Personal Characteristics (N=482)

Personal characteristics	OCBS Subdimension	Conscience (M±SD)	Praising institution (M±SD)	Informing (M±SD)	Tolerance (M±SD)	Helping (M±SD)
Institute of employment	University hospital (n=170, %35.3)	6.28±.66	5.14±1.32	5.78±1.01	4.37±1.37	5.83±.96
	MoHH (n=230, %47.7)	6.14±.93	4.66±1.45	5.30±1.27	4.34±1.42	5.60±1.07
	Private hospital (n=82, %17)	6.24±.54	5.69±1.02	5.74±.98	4.64±1.59	5.97±.69
	F and p values	F=1.58 p=.205	F=19.12 p=.000*	F=10.18 p=.000*	F=1.34 p=.261	F=5.28 p=.005**
Position	Unit nurse (n=337, % 69.9)	6.12±.87	4.80±1.42	5.31±1.23	4.50±1.39	5.66±1.04
	Unit head nurse (n=100, %20.7)	6.50±.43	5.61±1.06	6.17±.62	4.26±1.49	6.02±.77
	Department nurses (n= 17, %3.6)	6.32±.44	4.67±1.74	5.88±.80	4.33±1.22	5.85±.87
	Top executive (n= 28, % 5.8)	6.17±.64	5.55±1.07	5.97±.89	3.79±1.66	5.69±1.02
	x^2 and p value	x^2=20.767 p=.000*	x^2=31.983 p=.000*	x^2=49.476 p=.000*	x^2=7.177 p=.066	x^2=10.474 p=.015***
Age	≤25 years of age (n= 54, %11.2)	6.02±.60	5.18±1.38	5.45±1.08	5.10±1.24	5.83±.81
	26-30 age (n=191, %39.6)	6.15±.76	4.72±1.36	5.40±1.15	4.50±1.34	5.71±.93
	31-35 age (n=91, %18.9)	6.27±.93	5.13±1.36	5.61±1.17	4.34±1.55	5.78±1.01
	36-40 age (n=82, %17)	6.26± .90	4.95±1.49	5.63±1.36	4.16±1.40	5.64±1.13
	≥41 age (n=64, %13.3)	6.41±.55	5.61±1.16	5.88±.87	3.91±1.50	5.85±1.07
	F and p value	F=2.296 p=.058	F=5.698 p=.000*	F=2.433 p=.047***	F=6.162 p=.000*	F=.589 p=.671
Institutional experience	≥10 years (n=328, % 68)	6.18±.72	4.90±1.36	5.45±1.13	4.56±1.39	5.75±.89
	11-20 years (n=114, %23.7)	6.21±1.01	5.15±1.45	5.71±1.28	4.09±1.44	5.71±1.24
	≥21 years (n=40, % 8.3)	6.43±.51	5.43±1.36	5.93±.85	3.99±1.57	5.81±1.01
	F and p values	F=1.777 p=.170	F=3.309 p=.037***	F=4.530 p=.011***	F=6.406 p=.002**	F=.135 p=.874

*p< .001, **p< .01, *** p< .05

Table 3. Comparison of Mean Scores of Nurses in Subdimensions of OCBS in Terms of Professional Characteristics (N=482)

Personal characteristics	OCBS Subdimension	Conscience (M±SD)	Praising institution (M±SD)	Informing (M±SD)	Tolerance (M±SD)	Helping (M±SD
Intentional choice of profession	Yes (n=331, % 68.7)	6.25±.71	5.16±1.32	5.63±1.13	4.33±1.46	5.76±.98
	No (n= 151, % 31.3)	6.11±.92	4.66±1.47	5.38±1.19	4.56±1.36	5.72±1.01
	t and p values	t=1.85 p=.064	t=3.62 p=.000*	t=2.16 p=.032***	t=- 1.68 p=.093	t=0.41 p=.679
Working type	Permanent staff (n= 401, % 83.2)	6.25±.78	5.04±1.39	5.65±1.11	4.36±1.47	5.76±.99
	Centrally appointed contract nurse (n=50, % 10.4)	5.96±.88	4.42±1.33	4.86±1.21	4.63±1.15	5.59±1.06
	Contract nurse by companies (n=31, %6.4)	6.11±.61	5.45±1.15	5.27±1.23	4.52±1.38	5.81±.91
	F and p values	F=3.359 p=.036***	F=6.319 p=.002**	F=11.768 p=.000*	F=.850 p=.428	F=.758 p=.469
Shift	Constantly at night shift (n=15, % 3.1)	6.27±.91	4.78±1.82	5.50±1.59	3.93±1.96	6.10±1.11
	Constantly at day shift (n=208, %43.2)	6.37±.60	5.41±1.19	5.91±.89	4.28±1.43	5.92±.84
	Both night and day shifts (n=259, %53.7)	6.08±.88	4.69±1.43	5.26±1.24	4.53±1.39	5.59±1.06
	x2 and p values	x2=20.831 p=.000*	x2=32.171 p=.000*	x2=36.528 p=.000*	x2=4.945 p=.084	x2=17.350 p=.000*
Job Satisfaction	Very pleased (n=51, %10.6)	6.43±.59	5.96±.96	6.08±.97	4.41±1.71	6.13±.79
	Pleased (n=301, % 62.5)	6.22±.75	5.21±1.28	5.59±1.14	4.34±1.39	5.75±.96
	Less pleased (n=96, % 19.9)	6.11±.73	4.30±1.33	5.23±1.14	4.52±1.28	5.59±.97
	Not pleased (n=34, % 7)	6.02±1.29	3.67±1.33	5.21±1.34	4.68±1.69	5.49±1.39
	F and p values	F= 2.468 p=.061	F= 34.290 p=000*	F= 7.161 p=.000*	F= .827 p=.479	F=4.169 p=.006**
Turnover intention	Definitely thinking about leaving job (n=191, % 39.6)	6.21±.84	5.41±1.24	5.70±1.19	4.15±1.55	5.81±.97
	Definitely not thinking about leaving job (n=62, %12.9)	6.32±.65	4.81±1.39	5.83±.85	4.72±1.38	5.86±.80
	Sometimes thinking about leaving job (n=229, % 47.6)	6.18±.77	4.72±1.43	5.34±1.17	4.52±1.31	5.66±1.04
	F and p values	F=.865 p=.422	F=13.930 p=.000*	F=7.108 p=.001**	F=5.330 p=.005**	F=1.829 p=.162

*p< .001, **p< . 01, *** p< .05

Unit head nurses had higher mean scores in the conscience, praising the institution, informing, and helping subdimensions than other nurses, while unit nurses had lower mean scores in the conscience, informing, and helping subdimensions. In addition, unit nurses had the highest scores in the tolerance subdimension. Statistically significant differences were found between groups as for conscience (x^2=20.767, p=.000), praising the institution (x^2=31.983, p=.000), informing (x^2=49.476, p=.000), and helping (x^2=10.474, p=.015) subdimensions (p<.05) (Table 2).

The organizational citizenship behavior levels of nurses considering their ages indicated that nurses aged ≥41 years had higher mean scores in all subdimensions than other nurses (Table 2). In addition, nurses aged ≤25 years had lower mean scores in the conscience and tolerance subdimensions, while nurses aged 26-30 years had lower mean scores in praising the institutions and the informing subdimensions compared to other nurses. Statistically significant differences were detected between groups in praising the institutions (F=5.698, p=.000), informing (F=2.433, p=.047), and tolerance (F=6.162, p=.000) subdimensions (p<.05) and the results of the advanced analyses demonstrated that the difference was caused by the nurses aged ≥41 years.

The comparison of the mean scores of nurses in OCBS subdimensions considering their experiences in the institution revealed that nurses with ≥21 years of institutional experience had higher mean scores in the conscience, praising the institution, informing, and helping subdimensions than other nurses. However, the nurses with ≤10 years of institutional experience had lower mean scores in the conscience, praising the institution, and informing subdimensions than other nurses. In addition, statistically significant differences were found between groups in the praising the institution (F=3.309, p=.037), informing (F=4.530, p=.011) and tolerance (F=6.406, p=.002) subdimensions (p<.05). The results of the advanced analyses demonstrated that the differences in praising the institution and informing subdimensions were caused by the nurses with ≤10 years of institutional experience, while the difference in the tolerance subdimension was related to the nurses with ≥21 years of institutional experience.

The mean scores of nurses for the OCBS subdimensions in terms of their professional characteristics (Table 3) demonstrated that nurses who intentionally had chosen the nursing profession had higher mean scores in all subdimensions than other nurses who unintentionally had chosen the profession. Also, statistically significant relations were observed between the groups in the praising the institution (t=3.62, p=.000) and informing (t=2.16, p=.032) subdimensions (p<.05).

The mean scores of nurses for the OCBS subdimensions in terms of their professional characteristics (Table 3) demonstrated that nurses who had intentionally chosen the nursing profession had higher mean scores in all subdimensions than other nurses who had unintentionally chosen the profession. Also, statistically significant relations were observed between the groups in the praising the institution (t=3.62, p=.000) and informing (t=2.16, p=.032) subdimensions (p<.05).

Of the permanent staff nurses, those who consistently worked the day shift had the highest mean scores in the conscience, praising the institution, and informing subdimensions; while the nurses consistently working the night shift had the highest score in the helping subdimension. On the other hand, the nurses working on both the day and night shifts had the highest scores in the tolerance subdimension. In addition, statistically significant differences were found between the groups in the conscience (x^2=20.831, p=.000), praising the institution (x^2=32.171, p=.000), informing (x^2=36.528, p=.000), and helping (x^2=17.350, p=.000) subdimensions (p<0.001) (Table 3).

Nurses satisfied with their job had higher mean scores in all subdimensions except for the conscience subdimension than nurses who were dissatisfied with their job. The comparison revealed statistically significant differences between groups in the praising the institution (F=34.290, p=000), informing (F=7.161, p=.000), and helping (F=4.169, p=.006) subdimensions (p<.05). The results of the advanced analysis indicated that the differences were caused by the nurses satisfied with their job (Table 3).

The assessment of organizational citizenship levels of nurses in terms of their turnover intention (Table 3) demonstrated that nurses who were definitely thinking of leaving the job had higher mean scores in the conscience, informing, tolerance, and helping subdimensions than other nurses. Nurses who were occasionally thinking of leaving the job had higher mean scores in the conscience, praising the institution, informing, and helping subdimensions than other nurses. In addition, statistically significant differences were observed between the groups in the praising the institution (F=13.930, p=.000), informing (F=7.108, p=.001), and tolerance (F=5.330, p=.005) subdimensions (p<.05). The results of the advanced analysis indicated that the differences were caused by the nurses who definitely were not thinking of leaving their job.

DISCUSSION

Organizational citizenship behaviors have important roles in increasing the efficiency of nursing services. In this study which was performed to determine the OCB levels of nurses and effective factors, nurses obtained the highest score in the conscience subdimension and their scores were higher than the average in the helping, informing,

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tolerating, and praising the institution subdimensions. The mean score of nurses was slightly over the average in the tolerance subdimension, which indicated that they occasionally had complaints and were not tolerant. Findings regarding the other subdimensions indicated that nurses had in general a good organizational citizenship level.

The results of the self-assessment of nurses for their organizational citizenship behaviors revealed that nurses had frequently demonstrated conscience behaviors like coming work on time, not extending recreation breaks, attending the inter-organizational meetings, and working after normal work hours.

Nurses as central members of the health staff in medical services must have close cooperation and relationships with both patients and other members of the health staff. Furthermore, because human health does not tolerate error or negligence, nurses have to work even more carefully and solve the problems they encounter at work. From this regard, they have to demonstrate helping and informing behaviors more frequently than other members of the sector (Altuntaş 2008). Similarly, previous studies reported that nurses more frequently display self-sacrificing and courtesy behaviors (Geçer, 2008) and also exhibit helping behaviors more often than doctors (Boerner et al., 2005).

There was no legal regulation establishing detailed job definitions of nurses at the time of the present study; however, it was quite pleasing that nurses displayed extra role behaviors especially like conscience, helping, and informing. Considering the nature of the nursing profession, women contain such concepts as helping and self-sacrificing, and are also more prone to helping others and sharing than men (Öz, 2009), which are all effective on these findings. The previous studies reported that female workers display more OCB than their male counterparts (Köse et al., 2003; Koberg et al., 2005; Sökmen and Boylu, 2011), but they are less tolerant (Sökmen and Boylu, 2011).

The reason for low tolerance levels of the nurses included in the study can be said to be associated with negative working conditions such as insufficient number of staff, long working hours, high number of patients and heavy workload (Altuntas, 2004). In addition, the social image of the profession is not at the desired level (Altuntas, 2004) which also has a negative impact on nurses resulting in a decrease in their tolerant behavior.

Turkish culture can be shown as the reason for the high averages obtained by nurses in other subdimensions. Cooperation, sharing, altruism and self-sacrifice are common behaviors of the Turkish culture which is reflected on the professional life, leading to similar behaviors at the workplace.

The study sample was primarily based on the public sector, which could be the reason why nurses displayed praising the institution and tolerance behaviors less frequently. Working conditions, physical conditions, and management methods are more autocratic in public hospitals compared to private hospitals, which causes nurses not to praise their institutions and occasionally complain of working conditions.

Because private hospitals are continually conducting intense quality management activities, an increasing importance is given to worker satisfaction, patient satisfaction and team work. Therefore, people open to team work and sharing are preferred for recruitment. In private hospitals, more information is shared with workers and a participatory management method is embraced. In addition, working conditions are also better in these hospitals, which all of these factors explain the reason why the nurses in private hospitals have higher OCB levels.

The low OCB levels observed among nurses employed in The Ministry of Health hospitals, which constitute the biggest share of hospitals both in terms of number of nurses and hospital beds the vast majority of nurses are contracted, implying that the job satisfaction of these nurses can be reduced in the future with potentially negative repercussions on the quality of the care.

Unit head nurses act as a bridge between staff nurses and top managers, and also interact with their subordinates during the management of their unit. They also communicate with their senior managers for reporting. As a consequence they successfully display behaviors of informing, helping, and praising the institution, and they are also more tolerant. In addition, as the unit head nurses are candidates for superior positions in their career, they display the expected OCBs. The previous studies reported that manager nurses exhibited higher OCB levels than other nurses (Tsai and Wu, 2010), and hospital managers display more OCBs than other health staff (Güler, 2009), which all support the findings of the present study.

It was determined that nurses with higher institutional experience and over 41 years of age have higher maturity, and internalize their institution in line with their increasing age and institutional experience. In addition, their career expectation increases and become more inclined to help, inform and share knowledge with younger and less experienced nurses. They are also more accepted by their work friends; therefore, their OCB levels are higher. In a study conducted by Tsai and Wu (2010), the older nurses had better OCB levels than younger nurses. It has been determined that OCB levels increase in parallel with the institutional experience (Köse et al., 2003; Çiçek, 2010) and health staff with ≥21 years of experience displayed OCBs more frequently (Güler, 2009). In other studies, OCB was reported to increase with age (Koberg et al., 2005) and health workers aged ≥41 years exhibit OCB more frequently (Güler, 2009).

Nurses who intentionally and voluntarily preferred the nursing profession willingly perform their profession. Therefore, they display OCBs more frequently, which is an expected situation.

Contract nurses appointed by state had lower OCB levels than permanent staff nurses, which could be attributed to the fact that these nurses had no work guarantee, and thus, they did not feel affiliated to their institution and working friends, and did not display voluntary behaviors. It was stated in the literature that organizational dependency was effective on OCB (Bolon, 1997; Organ et al., 2006).

Certain facts indicating that the nurses more frequently communicate with their colleagues, patients, and managers, and have higher work load during daytime, and significant decisions are taken by nurse managers working in daytime, provide more opportunities for nurses to demonstrate OCBs. For this reason, the nurses consistently working the dayshift had higher levels of OCB, while nurses working both the day and night shifts had lower levels of OCB, for they had difficulty in adapting to changes in working hours.

The finding that nurses satisfied with their job had higher level of OCB is compatible with the literature. There are studies in the literature reporting that nurses who stated that they were pleased with their profession had more positive attitude towards their job (Altuntaş, 2004) and job satisfaction has positive effects on OCB (Bolon, 1997; Organ et al., 2006; Tsai and Wu, 2010). From this regard, nurses who intentionally preferred the nursing profession had higher levels of OCB, which is compatible with the literature.

On the other hand, it was a surprising finding that the nurses who definitely considered quitting their job had high OCB levels in the conscience, informing, helping, and tolerance subdimensions. This situation indicated that nurses had certain displeasure and complaints despite their high OCB levels, and as a consequence they considered quitting their job.

CONCLUSION

The results of the present study revealed that OCB levels of nurses were quite high. In addition, OCB was affected by certain personal characteristics like age, work position, and institutional experience as well as by professional characteristics such as intentional choice of the nursing profession, working method, shift, satisfaction level of job, and the intention to leave the job.

According to the results of this research, nurse managers should try certain interventions, such as rewarding to increase OCB levels of younger and inexperienced, contract nurses who work both the day and night shifts. Furthermore, various policies and strategies should be developed to improve the attitudes of nurses with low OCB levels and they should be trained.

The causes of the low OCB levels especially among nurses employed in The Ministry of Health hospitals should be studied and measures against their unfavourable consequences should be implemented.

Also, the nurses with high OCB levels should be encouraged to maintain their behaviors and their job satisfaction and OCB levels of nurses should be further increased, which will decrease the rate of nurses thinking of leaving the job. It is recommended that researchers should evaluate nurses OCB levels by assessment tools which can be used by other workers, as well.

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