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## THE EFFECT OF JOB ATTITUDE AND AFFECTIVE COMMITMENT ON OCB OF NURSES

Ramezan Solatianaghizi<sup>1</sup>, Pejman Ebrahimi<sup>2\*</sup>, Tahereh Farzaneh Bazghaleh<sup>3</sup>, Zahra Norouzi<sup>4</sup>

*1. Department of Nursing, Rasht Branch, Islamic Azad University, Rasht, Iran*

*2. Department of Management, Rasht Branch, Islamic Azad University, Rasht, Iran*

*3. Institute for Education Research, Ministry of Education the Guilan, Islamic Republic of Iran*

*4. MSc Student in Medical-Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Science, Tehran, Iran*

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### ABSTRACT

To determine the effect of job attitude and affective commitment on organizational citizenship behavior considering role of organizational ethical climate and perceived organizational support.

**Material and Methods:** The purpose of this study is to examine job attitude and affective commitment of nurses on their organizational citizenship behavior. In addition, this research has studied the moderating role of variables of organizational ethical climate and perceived organizational support. The study population consisted of nurses in 7 hospitals and at least sample size has been estimated using software SPSS Sample Power. Sampling method is clustering. The data collection tool is a questionnaire and the measurement range is Likert scale. Software SPSS and SmartPLS3 were used to analyze the data.

**Results:** Both variables of job attitude and affective commitment affect nurses' organizational citizenship behavior positively. While affective commitment has no significant mediating role between variables of job attitude and organizational citizenship behavior. The study results also showed, by increasing organizational ethical climate and perceived organizational support, the effect of job attitude and affective commitment on organizational citizenship behavior is increased.

**Discussion:** This study did not confirm the effect of the mediating role of emotional commitment on the relationship between job attitude and organizational citizenship behavior. However, the results of the role of the mediators of organizational ethical climate and organizational support showed the impact of citizenship behavior.

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### Introduction

Now in the country there are about 150 thousand registered nurses. According to the standard to provide the least service per 1000 persons there should be 3 nurses, so the lack of nurses in the country health organizations is tangible. The shortage of human resources can increase the workload of nurses. The answer to this question is noteworthy that how much do the hardness and pressure of the nursing profession affect nurses' affective commitment and job attitude? Do perceived organizational support (POS) and organizational ethical climate (OEC) of hospitals affect nurses' commitment and attitude? Perhaps the most important gap in the literature is the lack of empirical evidence on a large scale, so that in which nurses' attitude and commitment are examined according to organizational support and climate, and so this study was done aimed to fill the gap in the literature as well as attract the attention of senior managers of hospitals and health organizations in Iran to focus on concerns and problems of nurses. On the other hand, one of the most important factors affecting nurses' behavior and attitude to provide better services is organizational citizenship behavior [1]. With a simple expression the research question can be raised that how is the effect of job attitude and affective commitment on OCB of nurses considering the moderating role of OEC and POS?

**Corresponding Author:** Pejman Ebrahimi, Department of Management, Rasht Branch, Islamic Azad University, Rasht, Iran.

**E-mail:** [Pejman.brahimi77@gmail.com](mailto:Pejman.brahimi77@gmail.com)

## Literature Review and Hypotheses

### Job Attitude, Affective Commitment and OCB

OCB refers to the behaviors that are useful for the organization, however, they are not considered as a part of the main job activities. These behaviors are often carried out by employees in order to support the organization's resources, though it may not directly bring personal interests [2]. One of the most important factors of OCB is organizational commitment [3]. Organizational commitment is a measure of an employee's identity's compliance with the organization [4]. In this regard, some studies suggest that OCB is assumed as a reflection of employees' commitment to their organization that also empirically organizational commitment is related to OCB [5]. Meyer and Allen [6] have divided the commitment into three affective, calculative and normative types [7]. Calculative commitment is described as intellectual and economic incentives [8]. Normative commitment is the basis of duty and ethics' requirements [9]. Affective commitment is an affective or mental state associated with a company or organization's employees [10, 9].

Affective commitment has a significant relationship with both aspects of altruism and compliance with OCB [11]. Also, Meyer et al. [12] concluded that among aspects of organizational commitment, affective commitment has a positive stronger relationship with OCB and calculative commitment has no effect on it. In general, studies on OCB show the relationship between affective commitment and OCB different aspects [13, 14, 15, 16]. There are also references that have reported the presence of this significant and positive relationship [17, 18] that makes this very important. If employees have more affective commitment to the organization they help others more [19]. In addition to helping others, also they show other aspects such as loyalty, civic virtue, and goodwill also that affect OCB directly [20]. In addition, affective commitment affecting OCB both affects individuals and on the organization [21].

Job attitudes also directly affect OCB. The key job attitudes in the field of organizational research are job satisfaction and organizational commitment [22, 23]. In OCB literature review, Podsakoff et al. [24] suggest that OCB is affected by positive job attitudes, also in many studies these concepts have been considered as the predictors of OCB [25]. Some studies show a positive relationship between job attitude aspects especially job satisfaction of employees with citizenship behaviors in the organization [26]. Job attitudes and organizational commitment, especially affective commitment in many studies have been mentioned as the most important factors affecting OCB [27]. According to the literature stated the following hypotheses are presented:

H1: Job attitude affects affective commitment of nurses.

H2: Affective commitment affects OCB of nurses.

H3: Job attitude affects OCB of nurses.

H4: Job attitude regarding the mediating role of affective commitment affects OCB of nurses.

### Organizational Ethical Climate

Ethical climate is a concept that in the past two decades has been presented in the field of organizational behavior and business ethics literature. Researchers have defined OEC as the common perception of organizational measures, actions and procedures with moral content [28]. OEC is defined as public perception of organizational performance and its ethical components' process [29]. OCB disturbs the trust of managers and employees. Recently, the results of several studies have shown that ethical and unethical behaviors of employees are related to their perception of organizational climate. For example Bulutlar and Unleroz [30] found that OEC affects organizational bullying of employees and if the organization space is more ethical organizational bullying level is reduced. In a study, Vardaman et al. [31] have examined the relationship between OEC and pro-social behaviors and found that employees in organizations with positive ethical climate show more pro-social behaviors. In another study, Peterson [32] stated that OEC affects ethical and unethical behaviors of employees and the organization can affect its employees' behaviors by creating and developing appropriate ethical climate. It has been shown that the organization by positive ethical climate creates positive and productive attitudes and behaviors in employees [33]. In a study, Deshpande et al. [34] stated that OEC affects the organization managers' decision-making and in an organization on which more ethical climate dominates managers consider ethical behaviors as a factor of the organization profit and progress and consider the two ethical and human factors in their decisions. OEC is a major factor in employees' safety behaviors and it has been shown that if the organization climate is more ethical and human employees' safety behaviors are increased [35]. Also, Dargahi et al. [36] in a study with an emphasis on the effect of OEC on employees stated that OEC has a direct and positive effect on all the components of OCB. According to the literature stated the following hypotheses are presented with respect to the moderating role of OEC:

H5: OEC moderates the effect of job attitude on OCB.

H6: OEC moderates the effect of affective commitment on OCB.

### Perceived Organizational Support

POS refers to employees' perception of their behavior towards co-operation and feelings of well-being in the organization. An American psychologist in his research on mechanisms that encourage employees, when employees feel that they are

supported by the organization (such as care, respect and recognition), they are encouraged and motivated to express their gratitude and be ready for better performance [37]. Studies show that discrimination in the organization leads to the fact that employees who tend to attribute their behavior to external factors and their perception of external sources is only their organization, somehow consider the organization responsible for their misbehavior with colleagues and customers and stressors in the work environment also affect their perception of their work environment [38]. The organization largely regulates the work environment and controls the pressures of work. Therefore, Customers' misbehavior may make employees feel that they have undesired working conditions and the organization has no commitment for their comfort [39]. Customers' misbehavior affects employees' perceptions of organizational support affects so employees who suffer from it imagine that the organization does not consider their effort and interest [37]. According to social exchange theory, when POS is received, employees show the tendency to choose OCB [40]. OCB characteristics lead to knowledge sharing to create a sense of commitment to the organization and OCB shows the exchange relationship between employees and the organization [41]. Employees who are treated with fairness and valued more by the organization are more likely to restore this sort of behavior in the organization [24]. In contrast, when employees feel their organization does not support them, they also reject OCB. Employees with higher perception of POS have more OCB to reward their organization [39]. This study examined the role of POS as a moderator and the following hypotheses are presented:

H7: POS moderates the effect of job attitude on OCB.

H8: POS moderates the effect of affective commitment on OCB.

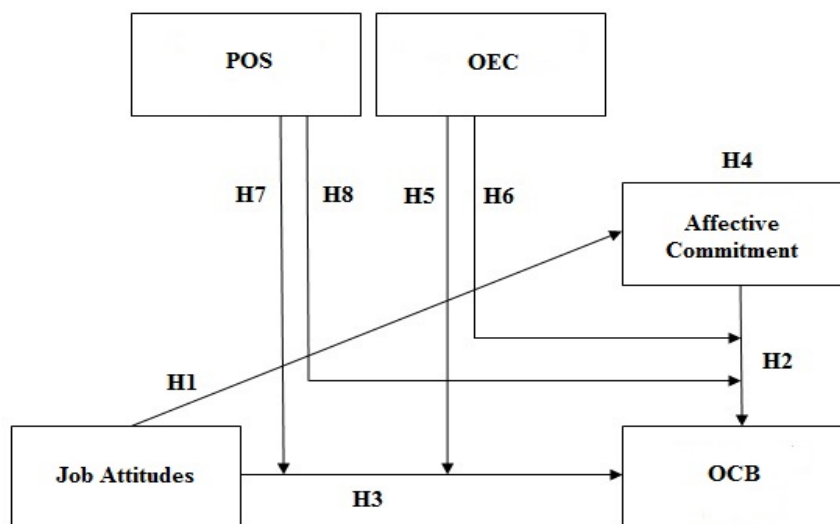


Figure 1. The study conceptual model

## Research Methodology

### The sample size and data collection

The purpose of the present study is applied and in terms of data collection, it is classified as descriptive-survey and correlation. The study population consisted of nurses in 7 hospitals and at least sample size has been estimated using software SPSS Sample Power. By taking into account alpha or Type I error 0.05, the test power, R-squared and minimum optimal sample size have been estimated 85%, 0.10 and 83, respectively that for more confidence 95 questionnaires were distributed and 85 questionnaires returned were used by nurses in the analyses. Sampling method is clustering.

### Measure Variables, Reliability and Validity

To collect data, field method with a questionnaire was used. Measurement scale is 5-point Likert scale (1= very high, 2= high, 3= medium, 4= low, and 5= very low). The variable OCB is measured with 6 items used in prior research [42, 43]. To measure the variable affective commitment, 6 items [44,43] have been used. In the case of the variable job attitude, 5 items extracted from the study [45] have been used. The moderating variable OEC is measured with 5 items used in prior research [28, 46], and finally the other moderating variable POS is measured with four items used in the research [47, 46]. All items to be used in the study have been localized and confirmed by experts in the field of nursing in terms of content validity. To assess measurement models software SmartPLS version 3 has been used [48].

The convergent validity of the measurement models was examined based on AVE index as well as the values of factor loadings were examined for indicators that about AVE Index values above 0.5 [49] indicate convergent validity of the measurement models (Table 1). For factor loadings, values above 0.4 are considered desirable [50], indicating convergent validity at indicators' level (Table 1). Also to examine discriminant validity at the factor level Fornell and Larcker [51] criterion has been used which results are shown in Table 2. To examine discriminant validity also HTMT index is used that

values less than 0.9 are desirable for the index [52]. In this study, the reliability of the questionnaire has been examined through composite reliability coefficient and Cronbach's alpha coefficient (Table 1). For CR index, values higher than 0.8 and for Cronbach's alpha coefficient values higher than 0.7 are acceptable in order to achieve desired reliability [49]. Also, due to the importance of the linearity between variables of affective commitment and job attitude the criteria VIF has been used that values less than 2.5 are desirable for this index [48].

**Table 1.** The results related to convergent validity, reliability of measurement and colinearity

Variable and items	Factor loading	The model type
<b>Organizational Citizenship Behavior</b>		
AVE=0.557, Alpha=0.785, CR=0.847		
OCB1- The importance of attendance in the hospital	.714	<b>Reflective</b>
OCB2- Obey the laws and regulations of the hospital	.872	
OCB3- Proper behavior and avoid problems with other colleagues	.637	
OCB4- Influence colleagues by positive action	.629	
OCB5- Helping colleagues in times of heavy work	.821	
OCB6- Willingness to help colleagues who have problems in their work	.772	
<b>Affective commitment</b>		
AVE=0.505, Alpha=0.733, CR=0.819, VIF=2.356		
COM1- Being happy working at this hospital	.790	<b>Reflective</b>
COM2- The hospital's problem is mine	.685	
COM3- Sense of belonging to the hospital	.624	
COM4- Emotional attachment to work in the hospital	.629	
COM5- Feel part of a family of	.616	
COM6- Job significance for me	.878	
<b>Job attitude</b>		
AVE=0.538, Alpha=0.702, CR=0.756, VIF=1.978		
ATT1- Having a strong bond with nursing job	.707	<b>Reflective</b>
ATT2- Substantial interest in the nursing profession	.700	
ATT3- The sense of achievement of nursing job	.796	
ATT4- Interest in permanent occupation in nursing jobs	.784	
ATT5- The satisfaction of spending time in nursing job	.673	
<b>Organizational Ethical Climate</b>		
AVE=0.584, Alpha=0.700, CR=0.815		
OEC1- Being compassionate in	.659	<b>Reflective</b>

dealing with the hospital nurses		
OEC2- The importance of law enforcement in hospital	.850	
OEC3- The importance of ethics in hospital	.797	
OEC4- Regarding the interests and goals of hospital	.859	
OEC5- Regarding the responsibility and consequences	.625	
<b>Perceived Organizational Support</b>		
AVE=0.571, Alpha=0.746, CR=0.841		
POS1- The Hospital attention to nurses' opinions	.742	
POS2- Regarding the well-being of hospital nurses	.656	<b>Reflective</b>
POS3- Regarding the hospital nurses' value	.859	
POS4- Regarding assist nurses in case of problems	.752	

According to Table 1 and VIF values, we do not have variance accumulation and in other words there is no linearity between the independent variables. This means that at the stage of data analysis and hypotheses' test, regression and R<sup>2</sup> coefficients can be trusted.

**Table 2.** The results of Fornell and Larcker

Factor	Job attitude	Affective commitment	OCB	OEC	POS
Job attitude	.733				
Affective commitment	.657	.711			
OCB	.699	.694	.746		
OEC	.351	.547	.482	.764	
POS	.323	.183	.268	.349	<b>.756</b>

**Table 3.** Examining discriminant validity (HTMT)

Factor	Job attitude	Affective commitment	OCB	OEC	POS
Job attitude					
Affective commitment	.827				
OCB	.892	.888			
OEC	.597	.796	.598		
POS	.515	.283	.375	.543	

Note: To draw the above Table only at indicators' level a table should be drawn as 25 \* 25 that for abbreviation only factors should be mentioned in the table.

**Analysis of Data and Results**

Characteristics of respondents are shown in Table 4. Most of respondents are female nurses (84.7%). Most of respondents are in the age range 30 to 41 years (43.5%) and most respondents have a bachelor's degree in nursing (88.2%). In terms of work experience, most respondents (40%) had 16 and/ or more years, this shows that most respondents have become familiar with problems in the field of nursing and the hospital. Also, a descriptive analysis of variables' correlation according to Spearman correlation is given in Table 5. This matrix can be used to examine variables' linearity, given that the correlation had values less than .8 so the existence of variables' multiple linear shared relationship was rejected [53]. Also, research average variables is higher than average (p<0.05 and the average observed more than 3).

Table 4. Respondents' demographic description

Characteristic	Level	F	%	M	SD
Gender	m	13	15.3	1.84	.36
	f	72	84.7		
Age	20-30	25	29.4	2.06	.90
	31-40	37	43.5		
	41-50	16	18.8		
	51 and more	7	8.2		
Education	B.A	75	88.2	1.13	.37
	M.A	9	10.6		
	PhD	1	1.2		
Work experience	1-5	11	12.9	2.94	1.06
	6-10	17	20		
	11-15	23	27.1		
	16 and more	34	40		

Table 5. Correlation matrix of research variables

Factor	M	SD	Job attitude	Affective commitment	OCB	OEC	POS
Job attitude	3.74	.46	1				
Affective commitment	3.74	.52	.451*	1			
OCB	3.95	.51	.53	.591**	1		
OEC	3.58	.62	.365**	.489**	.470**	1	
POS	3.71	.56	.301*	.115*	.204*	.419**	1

Note: \* p<0.05; \*\*p<0.01; two-tailed

After examining and confirming reflective measurement models and describing descriptive characteristics of respondents in the first step, in the second step Structural Equation Modeling approach has been used based on PLS method with the help of software SmartPLS 3 to assess the structural model and test hypotheses. The most important cause of using the software in this study, first the study is focused on predicting the relationship between independent and dependent variable. Finally, using low data and nonparametric volume and bootstrapping distribution instead of normalization is another cause of the use of PLS-SEM approach.

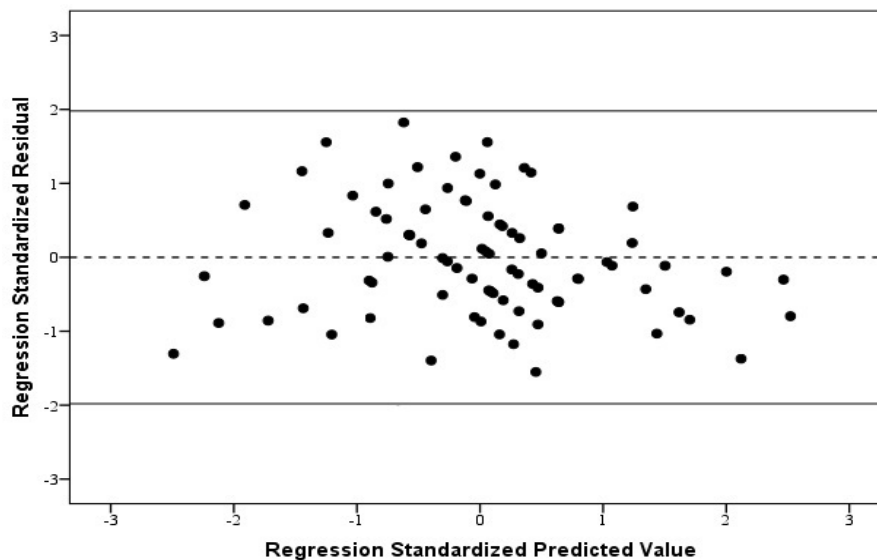


Figure 2. The scatter plot of outlier data detection and homoscedasticity variance

Also, in scatter plot in Fig. 2 an appropriate pattern of homoscedasticity variance can be observed. As well as the Fig.2 indicates the absence of outlier data in the study sample that regarding homogeneous population then the results of hypotheses' test are confirmed with more confidence.

After the conceptual model test, the software output has been calculated for path coefficients and T-Statistics values (see Appendix 1). Criteria related to the structural model fit have been examined. The most important indices are the coefficient of determination (R<sup>2</sup>) and adjusted coefficient of determination (Table 6). Another index is Cohen effect size ( $f^2$ ). Values of 0.02, 0.15 and 0.35, respectively are small, medium and large effect size [54]. Values of this index have been used to explain the model (Table 7). The effect size of job attitude-affective commitment with the value of 0.759 indicates a large effect size and the effect size of affective commitment with OCB shows a small effect size with the value 0.090. Also for predictive power of the model, Aston Gaysr index (Q2),including Construct Cross-validated Redundancy (CC-Red) and Construct Cross-validated Commuality (CC-Com) have been used (Table 6) that if values are closer to 1 they are more desired [55, 29]. The index output shows that OCB predictive power is more than affective commitment. Also, SRMR index has been used to assess the whole model including the internal structural model and external models and value less than .08 are desired for the index [48]. In this study, the value of SRMR in output has been reported 0.077.

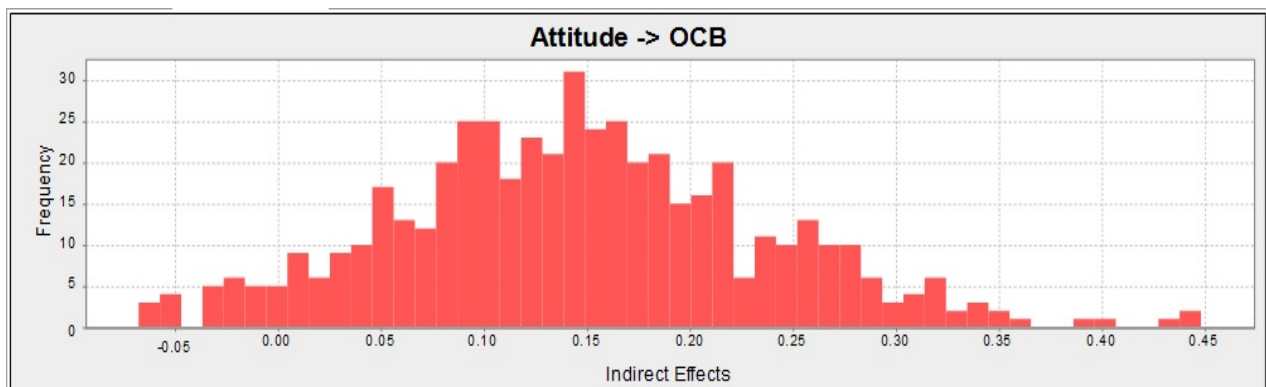
**Table 6.** Examine the structural model's indices

Variable	R <sup>2</sup>	R <sup>2</sup> Adjusted	CC-Red	CC-Com
Job attitude				
Affective commitment	43.1	42.5	.162	<b>.182</b>
OCB	69.7	66.5	.278	<b>.261</b>
OEC				
POS				

**Table 7.** Examine values of  $f^2$  index

Factor	Job attitude	Affective commitment	OCB	OEC	POS
Job attitude		.759	.234		
Affective commitment			.090		
OCB					
OEC			.022		
POS			.047		

To test the hypotheses, three indices of path coefficients, t-statistics and significance level (p-value) have been used. In order to test H1, H2 and H3 direct effects have been assessed. According to the results of Table 8, the results of assessing H1 (p=0.000, t=10.808, and  $\beta$ =0.657), H2 (p=0.037, t=2.091, and  $\beta$ =0.263) and H3 (p=0.001, t=3.346, and  $\beta$ =0.375) showed that p-value at 95% confidence level is significantly different from zero and given t values H1, H2 and H3 were confirmed. For H4, the intermediating effect of the variable affective commitment was examined. To examine the hypothesis given that the direct effect of job attitude on OCB is significant (p=.001, t=3.346, and  $\beta$ =.375), indirect effect of job attitude on OCB was examined that shows no significant effect (p=0.055, t=1.92, and  $\beta$ =0.173). So, affective commitment has no significant intermediating role presented in the histogram (Figure 3).



**Figure 3.** The histogram of insignificant and indirect effect of job attitude on OCB

To examine H5-H8, product indicator approach in software SmartPLS 3 has been used. In H5, the interactive effect ( $p=0.025$ ,  $t=0.489$ ,  $SD=0.185$ , and  $\beta=0.090$ ) is significantly different from zero. So, OEC moderates the effect of job attitude on OCB and due to the positive value of  $\beta$  it can be said that by increasing OEC, the effect of job attitude on OCB of nurses is increased. Similarly H6, H7 and H8 were examined that the results are shown in Table 8 and all three hypotheses confirm the existence of the moderating effect.

**Table 8.** The results of research hypotheses' test

Hypotheses	$\beta$	SD	t-statistics	p-value	Test result	Intermediate	Moderate
H1	.657	.061	10.808***	.000	Confirmed		
H2	.263	.126	2.091*	.037	Confirmed		
H3	.375	.112	3.346**	.002	Confirmed		
H4	.173	.090	1.920	.055	Rejected	No	
H5	.090	.185	.489*	.025	Confirmed		Yes
H6	.124	.140	.461**	.006	Confirmed		Yes
H7	.091	.142	.641*	.022	Confirmed		Yes
H8	.111	.171	.648*	.017	Confirmed		Yes

Note: \* $p<0.05$ ; \*\* $p<0.01$ ; \*\*\* $p<0.001$ ; two-tailed

### Discussion and Conclusion

Although studies propose OCB as a key element in the organizational discussions [2, 24], but the lack of empirical evidence on the effect of affective commitment and job attitude in OCB studies is felt with regard to the moderating role of variables such as POS and OEC targeting nurses' community little examined and this has been one of the motivations to conduct this study. It seems this study due to special attention to OCB studies in the field of one of sensitive and effective jobs on the community health, also using statistical software with more capability to quantify and examine variables' interactive effects as well as measure the model accuracy and fit with experimental data collected somehow achieved the study objectives and though on small scale and in the form of a case study filled the gap between theoretical discussions and what occurs in practice.

The study results on H1 show a strong effect of job attitude on affective commitment of nurses. Some studies have pointed out the close relationship between aspects of job attitude, including job satisfaction and commitment [22, 23]. In interpreting the results of this hypothesis given that the results of the data analysis proposed the effect of the attitude on commitment ( $p=0.000$ ,  $t=10.808$ ,  $\beta=0.657$ ) as the strongest research hypothesis, it can be said that indices such as a strong relationship with nursing job and nurses' satisfaction with the job can create a strong emotional attachment between nurses and the hospital environment. H2 results show the effect of affective commitment on OCB that is consistent with previous studies [12, 5, 15, 16] and it is confirmed that the effect of affective commitment on OCB affects both employees (nurses here) and organization (the hospital here) [21]. Also, the effect of nurses' job attitude on OCB that is confirmed in H3 is consistent with previous studies [25, 26]. For H4, no intermediating and significant relationship was observed partially or completely. In fact, in explaining the study model and the mentioned hypotheses' results, analyses' results showed organizational commitment does not intermediate the effect of nurses' job attitude on OCB significantly and this can be justified by insignificant indirect effect of nurses' job attitude on OCB ( $p=.055$ ,  $t=1.92$ ,  $\beta=.173$ ). The results of H5 and H6 show the significant effect of the variable OEC as a moderator that by increasing it the effect of job attitude and affective commitment on OCB is increased. To interpret this, we can say that strengthening OEC indices including the importance of enforce rules, compassionate nurses, the importance of adherence to ethics in the workplace, responsibility and regarding common organizational goals lead to strengthen the effect of nurses' job attitude and affective commitment on OCB. Also similarly in H7 and H8 the effect of the moderating variable POS was confirmed and the results show by increasing and strengthening indices such as attention to the statements and concerns of nurses, regarding the well-being and livelihood of nurses, appreciate nurses' value of work and help them when necessary lead to strengthen the effect of nurses' job attitude and affective commitment on OCB. According to the authors' studies and investigations, no similar study examined the mediating role of the two variables OEC and POS in the hospital environment and nurses' work that is the innovative aspect of this research.

### Theoretical and Managerial Implications

Theoretically, this study proposed a research model for experimental studies to link affective commitment and job attitude of nurses with OCB, by adding the moderating role of OEC and POS. The study results based on SEM-PLS approach showed strong support for the assumed relationships of the model and only the intermediating role of the variable of affective commitment of nurses was not confirmed. The study results theoretically well have provided given exploratory and confirmatory purposes and according to the appropriateness of the model matching criteria, coordinating the experimental model with the theoretical model is desirable. The study results are significant especially for hospitals' senior managers in the field of considering nurses' job requirements. In terms of managerial implications, considering indices of POS and OEC

seems necessary to increase OCB by hospital managers. Therefore, the results of the hypotheses in the research model both theoretically and in terms of providing managerial attention is noticeable.

### Limitations and Suggestions

Despite the obtained results, some limitations should be considered. First, this study has reviewed a relatively small set of nurses working in hospitals in Iran as the sample and to generalize the results similar studies in different parts of the country are needed. Another limitation of this study is using a cross-sectional research design that does not allow us to test causal relationships between research variables deeper and therefore it is suggested to consider the implementation of a longitudinal design in future research. Also, it is suggested to researchers to test explanatory and predictive power of the model tested by adding new variables to the study researcher-made model.

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