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Organizational Citizenship Behavior on Nurses:
The Role of Organizational Climate and Commitment

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Article Info

Abstract

Hospitals organizing excellent quality health services require human resources committed to the organization and a positive and conducive organizational climate. This study determines the effect of organizational climate and organizational commitment on organizational citizenship behavior of nurses at USU Hospital. The independent variables for the study include the organizational climate and organizational commitment. However, there was only one dependent variable, organizational citizenship behavior. This is quantitative research conducted using a sample of 125 nurses from USU Hospital. The data were analyzed using statistical and multiple regression analysis methods. **Findings.** The results indicate a simultaneous influence of organizational climate and organizational commitment to organizational citizenship behavior.

1.   Introduction

Nurses are important assets that hospitals need as organizations responsible for improving the quality of community health services. All duties, work principals, and functions are supposed to be well-provided as the essential asset for the hospital's human resources directly catering for patient needs. All human resources need to perform their functions according to their roles, such as doctors, nurses, and midwives, for quality reasons. Universitas Sumatera Utara (USU) owns one of the public hospitals in North Sumatera Province. Work behaviors of nurses in USU Hospital are less significant in helping other nurses serve many patients. Some nurses are reluctant to help colleagues after completing their responsibilities in serving patients. Instead, they prefer leaving the jobs even when the number of patients is more than the nurses available. This results in ambivalent cognitions among nurses, damages the working relationship, furthers unintended bad feelings, and reduces teamwork productivity. Eventually, nurses unintendedly deliver less optimal services to patients. Moreover, some nurses incite their colleagues not to offer assistance to co-workers.

As human resource parties in hospitals responsible for serving patients, nurses would achieve high performance through teamwork (Nohe & Michaelis, 2016). Regarding work attitude, studies showed that nurses complained their superiors were less interested in resolving the conflicts among their subordinates. Furthermore, the nurses complained about the number of patient complaints and the nurses' ignorance concerning a specialized training provided by the Hospital on the latest

information to improve their ability and competence. These cases show that nurses' behavior and attitudes towards the job do not portray Organizational Citizenship Behavior (OCB). Islam et al. (2014) showed that one of the influential cues to job satisfaction is OCB. Furthermore, when nurses feel satisfied with the job, all the obstacles emerging during work time are well-managed (Goldsby et al., 2020). OCB enables nurses to work together, initiatively through self-responsibilities.

Patients in the Hospital have to be accorded the deserved quality health services. Also, the first phase to be solved is the OCB, which emphasizes the organizational climate and nurses' organizational commitment to their work. However, OCB describes how an organization's members or employees work together and achieve high quality performance. This research indicated nurses' OCB using organizational climate and commitment as the predictors. Moreover, this article indicated the organizational climate and commitment of nurses to their work in increasing OCB.

Previous research showed that OCB is integrated with the customer or patients orientation (Hadjali & Salimi, 2012), organization culture, commitment and leadership (Harwiki, 2016). Furthermore, OCB is integrated into research to identify antecedents in the hospital industry's decision-making (Ocampo et al., 2018). The importance of OCB in public services, such as health organization, has recently become a topic of discussion (Araslı & Baradarani, 2014; Qiu et al., 2019; A. Indahwaty Sidin et al., 2020; Andi Indahwaty Sidin et al., 2020; I. Sidin et al., 2020). This research fills the gap practically and academically through an in-depth examination of the OCB, organizational climate, and commitment. Moreover, it provides a better understanding of the organization's climate (Hospital), which triggers the OCB. Many previous studies focused more on individual, technological, and other organizational factors (Goh & Sandhu, 2013; Tan, 2016). As a result, the studies failed to provide an in-depth understanding of the primary organizational predictors, such as the prevailing climate, leadership, and trust.

Thiruvenkadam & Durairaj (2019) stated that OCB encompasses anything positive and constructive carried out by employees of their own choice to support co-workers and benefit the company. Employees that frequently engage in OCB are not always top performers, but they go the extra mile or above and beyond the minimum efforts required to accomplish a satisfactory job. Kloutsiniotis & Mihail (2020) showed that High-Performance Work Systems (HPWS) is influenced by employees' work engagement and service-oriented Organizational Citizenship Behavior (OCB) through social and justice climate. The research emphasizes that HPWS is increased through the self-service of OCB by the employees. This indicates that increasing the quality of health services to the patients requires nurses to improve their self-service OCB. OCB has five essential dimensions: altruism, courtesy, civic virtue, sportsmanship, and conscientiousness (Kim et al., 2020; López-Domínguez et al., 2013). Altruism regards initiative help that is not an obligation, meaning employees assist co-workers experiencing difficulties without considering personal benefits (Yang et al., 2020). Courtesy is behavior that maintains good relations with fellow employees to avoid interpersonal problems (Tews et al., 2013), while civic virtue promotes common interest (Grönlund et al., 2010; Merry, 2012). Sportsmanship is high tolerance (Yakup & Ahmet, 2017), while conscientiousness refers to seriousness in working (Roberts et al., 2014; Wilmot & Ones, 2019).

Li et al. (2020) showed that organizational climate is more significant in predicting turnover than personal and job characteristics. Organizational climate is a set of measurable conditions of the work environment caused by the people living in the organization (Yoo et al., 2012). The organizational climate has been probed due to its potential effect on staff members' perception, acceptance, and attitude (Yoo et al., 2012). Organizational climate strongly influences employees' behavior and plays a crucial role in organizational progress (Carlucci & Schiuma, 2012; Denison,

1996; Kaffashan Kakhki et al., 2020). According to Griffin & Curcuruto (2016), organization climate is also related to a collective construct from individuals' shared perceptions of the various ways that safety is valued in the workplace. Organizational climate describes what happens to employees in an organization. Employees feel more inclined to work beyond what is required in the job description in a positive organizational climate. They always support the organization's goals when superiors treat them with sportsmanship and full awareness, making them believe they are treated fairly by their organizations. The description of the employees that want to work over what has been implied reflects their OCB. According to Heyart, (2011), the scale of organizational climate measurement is broadly based on the dimensions of responsibility, identity, warmth, support and conflict. The other predictor influencing OCB is the organizational commitment, which is an incentive to create OCB for employees. Aspects of organizational commitment are identification, involvement, and loyalty (Jabari & Ghazzawi, 2019). Based on the cases described, this research examines the role and contribution of these two variables to OCB on USU Hospital's nurses. The results are the basis for managing human resources, especially for nurses at USU Hospital. Furthermore, the results support the development of existing industrial and organizational psychology courses and the achievement of the USU's Faculty of Psychology's vision in TALENTA excellence.

2.   Research Method

Quantitative methods were used to analyze statistically and describe the results from the data distributed to the nurses in USU Hospital. The research lasted five months, from February to July 2020. Organizational climate and organizational commitment were treated as independent variables, while OCB was the dependent variable. The study population comprised all the nurses at the USU hospital. Non-probability sampling technique was used, in which every person or population member does not have the same opportunity to be selected as a research sample. This technique is accidental sampling, which involves collecting data directly from the samples found. Sample representation was conducted using the Slovin-formula, resulting in 114 of the total population of 160 nurses. However, the samples were 125 nurses at the time of the research. The data collection tools were OCB, organizational climate, and organizational commitment scale. The data analysis method used is multiple regression, which must first meet the research statistical assumptions test.

3.   Results and Discussions

This research used a questionnaire in data collection. Since the appropriate number already meets collection criteria, validation and reliability tests are performed, obtaining the results described in Table 1. After calculating the reliability, validity, and difference power, only the items that passed the trial were used in this research, using the tryout data. Items that failed the trial are not used from the existing scale, and an analysis is conducted on valid and reliable items.

The research was conducted on 125 nurses of USU Hospitals. They included 122 nurses in the early adulthood category and 3 in the middle adulthood category. A total of 80 nurses had a civil servant status, 24 were honorarium employees, 16 were non-permanent non-civil servants, and 5 were non-permanent employees. The next classification is based on the work and unit space. There were 3 nurses in the IDT unit, 5 in the IGD unit, 6 in the Zaitun unit, 4 in the Hemodialisa unit, 9 in the outpatient installation, and 8 in the Meranti unit. Moreover, 11 nurses were in the

cergal surgical installation, 14 in the Maternitas unit, 16 in the Cendana unit, 14 in the Mahoni unit, 21 in the ICU unit, and 14 in the Thalassemia unit.

Table 1. Instrument Validity & Reliability Test

Scale	Reliability	Difference Power of Items	Validity	Number of Items After Trial
Organizational Citizenship Behavior	0,856	0,310 – 0,571	Valid	20
Organizational Climate	0,823	0,300 – 0,648	Valid	17
Organizational Commitment	0,807	0,324 – 0,563	Valid	12

After showing characteristics, validity and reliability test, the next step indicates the classic assumption for statistical needs. Table 2 describes the normality test.

Table 2. Normality Test

Criteria	OCB	Organizational Commitment	Organizational Climate
N	125	125	125
Missing	0	0	0
Skewness	0,181	0,157	0,255
Std Error of Skewness	0,217	0,217	0,217
Kurtosis	0,187	0,107	0,053
Std Error of Kurtosis	0,430	0,430	0,430

The first statistic classic assumption was assessed with the Zskewness and Zkurtosis. For the organizational citizenship behavior variable, the Zskewness value was $0.181/0.217 = 0.834$, and the Zkurtosis value was $0.187/0.430 = 0.434$. Then, for the organizational commitment variable, the Zskewness value was $0.157/0.217 = 0.723$, and the Zkurtosis value was $0.107/0.430 = 0.248$. For the organizational climate variable, the Zskewness value was $0.255/0.217 = 1.17$, and the Zkurtosis value was $0.053/0.430 = 0.123$. Data is normally distributed when the ratio of skewness and kurtosis is between –2 to +2. Therefore, based on the Zskewness and Zkurtosis values, all data are normally distributed ($-2 <$Zskewness & Zkurtosis <2).

The second step of the classic statistic assumption is the linearity test. Based on the linearity assumption test between the organizational commitment variable and OCB, the F value was 76.197, with a linearity significance value of 0.000 (p <0.05). Moreover, based on the linearity assumption test between organizational climate and OCB variables, the F value was 139.375, with a linearity significance value of 0.000 (p <0.05). This shows that the linearity assumption between the independent and the dependent variables is fulfilled, as in Table 3.

Table 3. Linearity

Variable	F	P	Information
Organizational commitment* *organizational citizenship behavior*	76.197	0	Linear
Organizational climate* *organizational citizenship behavior*	139.375	0	Linear

The third step involves testing the autocorrelation. As shown in Table 3, the Durbin-Watson (d) value is 2.012. Data is free of autocorrelation when the statistical value of the Durbin-Watson test is between 1 and 3. Therefore, this linear regression model has no autocorrelation.

Table 4. Autocorrelation

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.710*	0.504	0.495	5.184	2.012

* Predictors: (constant), organizational commitment, organizational climate
** Dependent variable: organizational citizenship behavior

The fourth step involves testing the multicollinearity. The multicollinearity assumption test is unfulfilled only when the tolerance value is less than 0.1 and the variance inflation factor (VIF) is greater than 10 (Field, 2009). In this study, the tolerance value is> 0.1, and the VIF value is <10. Therefore, there is no multicollinearity between the independent variables.

Table 5. Multicollinearity

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig	Collinearity Statistic	
	B	Std. Error	Beta			Tolerance	VIF
(Constant)	21.882	4.807		4.552	.000		
Organizational commitment	.278	.136	.195	2.051	.042	.449	2.228
Organizational climate	.659	.114	.552	5.802	.000	.449	2.228

The next step is the heteroskedasticity test, which determines deviations from the classic assumption of heteroscedasticity. This is the inequality of variants of the residuals for all observations in the regression model. The condition is assessed by looking at the data distribution in the scatter plot. The graph in Figure 1 shows that the points are distributed randomly around 0, with no systematic, meaning that there is no heteroscedasticity symptom. Therefore, the heteroscedasticity test is fulfilled. The heteroscedasticity test in this study is shown in Figure 1:
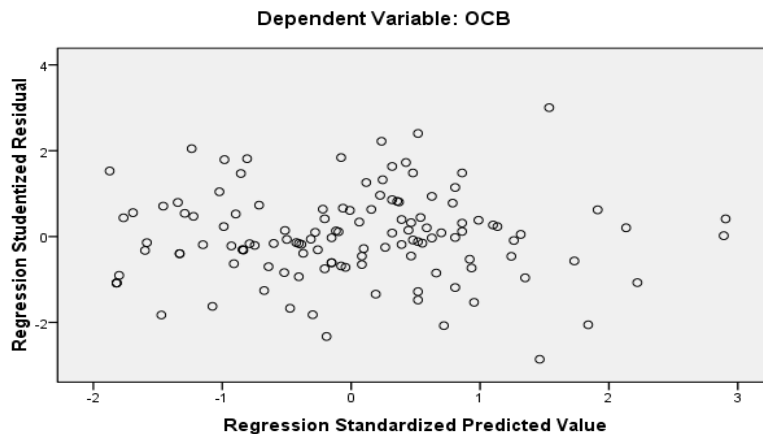

Figure 1. Heteroskedasticity Test

This research analyzes the influence of organizational climate and commitment on OCB. Data analysis was conducted using multiple regression. This section describes the influence of the organizational climate and organizational commitment to OCB of USU Hospital's nurses. The results are shown in Table 6:

Table 6. Results of Hypotheses Analysis

Hypotheses	Simultaneously ($F_{statistics}$)		Conclusion
	F_{result}	p-value	
Organizational Climate and organizational commitment → Organizational Citizenship	61,875	0,000	Accepted
	Partially		
	t_{result}	P-value	
Organizational Climate → Organizational Citizenship Behavior	2,051	0,042	Accepted
Organizational Commitment → Organizational Citizenship Behavior	5,802	0,000	Accepted

Table 6 shows that F_{count} = 61,875 with a significance value of p = 0,000 (p < 0.05), while the F_{table} for n = 125 and the significance of p = 0.05 obtained F_{table} of 3.07. Therefore, the F_{count} > F_{table} (61.875 > 3.07) means that organizational climate and organizational commitment significantly influence OCB. Furthermore, the partial correlation value of organizational climate and OCB is 0.465 with a significance of 0.000 (p <0.05). This means that organizational climate variables affect OCB positively and significantly. Therefore, the organizational climate positively affects OCB. The partial correlation value between organizational commitment and OCB is 0.183, with a significance of 0.042 (p <0.05). This means that the organizational commitment variable positively and significantly influences OCB. Therefore, organizational commitment has a significant positive effect on OCB.

The R determination test is performed to determine the influence of organizational climate and commitment to OCB. The results are shown in Table 7. Table 7 shows that the determinant coefficient (R square) was 0.504 or 50.4%. This means that the contribution of organizational climate variables and organizational commitment to OCB was 50.4%. Other causes outside the research model explained the remaining 49.6%. Therefore, the hypothesis that organizational climate and organizational commitment positively affect OCB was accepted.

Table 7. Result of R-Square Test

Variables Relationship	R - Square	Std. error
Organizational Climate and organizational commitment → Organizational Citizenship	0,504	5,184

The hypothesis in this study states that organizational climate and organizational commitment positively influence OCB. This means that a higher organizational climate and organizational commitment of nurses increase OCB. The contribution of the organizational climate variable and organizational commitment is 50.4%. Therefore, the organizational climate and organizational commitment improve nurses' OCB at USU Hospital by 50.4%.

Several studies show that significant antecedents to OCB increase include clarity of roles, leadership, motivation, work satisfaction, and organizational commitment (Chahal & Mehta, 2010). Other antecedents are individual characteristics (Chahal & Mehta, 2010; Suresh &

Venkatammal, 2010), fairness (Chahal & Mehta, 2010; Ehigie & Otukoya, 2006), organizational climate (Suresh & Venkatammal, 2010), and organizational support (Ehigie & Otukoya, 2006). These antecedents are grouped into factors focusing on the organization and the individual. The organizational climate factor focuses on the organization, while organizational commitment focuses on employees personally.

Organizational climate describes the environment or situation and is related to the traits perceived by people in an organization or specific units (Sunyoto, 2015). Each organization has a different climate that is only conducive when the company has a clear structure and standards and good relations between employees, leaders, and colleagues. Moreover, employees take responsibility to complete their tasks to feel a part of the organization. Organizational climate is also a feeling and perception that changes with time and from one worker to another.

The organizational climate comprises people's experiences in an organizational environment that affects performance (Schneider, 2013). There are other contributing factors, such as organizational commitment, when an individual believes the organization's goals and wishes to maintain membership. Commitment is vital in one's work performance as a reference and encouragement that makes them more responsible for their obligation. Luthans (2008) explained that the organizational climate is the internal environment of the organization. According to (Schneider, 2013), organizational climate influences practices, HR policies accepted by members, as well as formal and informal intergroup procedures within the organization. This results in employee commitment to the organization. Therefore, employees improve performance using all abilities to support the progress and realization of the organization's goals.

Conducive organizational climate and commitments allow employees to more productive in voluntary tasks and extra-role behaviors without expecting rewards. This is better known as organizational citizenship behavior. Organizational climate and organizational commitment positively affect OCB. These results are in line with other studies that found a simultaneous influence of organizational climate and organizational commitment to OCB (Purba and Suryalena, 2018;Adany and Kasmiruddin, 2018).

Organizational climate and high organizational commitment result in various positive attitudes or behaviors. That is an aspect of OCB, such as avoiding complaints and attitudes that harm the organization (sportsmanship). Nurses that already understand their work rarely complain and continue to work. Other aspects of OCB are displayed in the willingness to help colleagues with work problems (altruism). The nurses handling many patients require teamwork to help in the maximum provision of services to patients. Also, they are willing to work beyond existing job descriptions and adhere to the organization's rules more than other employees (conscientiousness). These nurses often work overtime, making them accustomed to their job.

Other aspects of OCB are displayed in respect and care for others (courtesy), including the nurses in the field. They maintain close and good working relationships with each other. This is related to nurses' attitudes by quickly assisting colleagues with a heavy workload. Also, shared interests are prioritized, such as caring about the organization's success and functional activities (civic virtue) or following all USU Hospital development information.

4. Conclusions

This research concluded that organizational climate and organizational commitment have a significant positive effect on Organizational Citizenship Behavior (OCB) of nurses at USU Hospital partially and simultaneously. It means that organizational climate and organizational commitment improve OCB. Also, this means the role of nurses and the hospital has shown a

positive response. However, nurses and hospitals must consider organizational climate and commitment to improving OCB. The hospital could build intimacy between nurses and superiors in terms of organizational climate. As a result, nurses feel there is no distance between superiors and subordinates and freely express opinions to create a more comfortable atmosphere at the hospital. This makes nurses stronger as a team and indirectly makes them commit to the hospital.

Future research should examine the problem of nurses at the University of North Sumatra Teaching Hospital. The research needs to discuss OCB using predictor variables as organizational climate and commitment. Moreover, further research should develop and discuss topics with a methodical approach that answers OCB problems. This is in line with research on human resources and applicable methods in implementing quantitative and qualitative studies. In the current millennial era, there is a rapid development of technologies to support community health facilities. However, there is a problem in the structure of workers in a hospital, such as age and skills. The advent of the latest technology in health care means adjustments and adaptation processes require cooperation and training, which takes time. For this reason, an increase in OCB and self-OCB for each hospital worker significantly assists the organization's ineffective service provision to patients. However, this study shows that an increase in OCB improves the services of an organization.

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