

## **ORGANISATIONAL CITIZENSHIP BEHAVIOUR AMONG HEALTHCARE PROFESSIONALS AMID THE COVID-19 PANDEMIC: DO WORK-FAMILY CONFLICT, PERCEIVED ORGANISATIONAL SUPPORT AND JOB SATISFACTION MATTER?**

**\*Chibuzor Uchenna Onuoha**

---

### ***Abstract***

*The outbreak of the novel COVID-19 pandemic has affected employee attitudes. However, few studies have examined its impact on organisational citizenship behaviour. This study examined work-family conflict, perceived organisational support, and job satisfaction influences on healthcare professionals' organisational citizenship behaviour in the era of the COVID-19 pandemic. Data were drawn from a conveniently sampled mixed group of 210 healthcare professionals, using a self-report survey on work-family conflict, perceived organisational support, job satisfaction and organisational citizenship behaviour scales. Results of standard multiple regression analysis showed a significant joint influence of work-family conflict, perceived organisational support and job satisfaction on organisational citizenship behaviour ( $R^2 = .13$ ;  $F(3, 207) = 10.74$ ;  $p < .001$ ). Work-family conflict significantly negatively influenced organisational citizenship*

---

**\*Chibuzor Uchenna Onuoha**

*Department of Pure and Applied Psychology, Adekunle Ajasin University, Ondo.*

*behaviour ( $\hat{a} = -.14$ ;  $t = -1.90$ ;  $p < .05$ ). Employees who self-perceived to be well supported by their organisation ( $\hat{a} = .12$ ;  $t = 1.74$ ;  $p < .05$ ) and those who reported high job satisfaction ( $\hat{a} = .24$ ;  $t = 3.22$ ;  $p < .01$ ) were more likely to engage in organisational citizenship behaviour. Further analysis showed no significant gender influence on organisational citizenship behaviour  $\{t(.26) = 208$ ;  $p > .05\}$ . The study concludes that both perceived organisational support and job satisfaction are necessary to facilitate organisational citizenship behaviour among healthcare professionals in the COVID-19 pandemic era.*

**Keywords:** Organisational citizenship behaviour, Work-family conflict, Perceived organisational support, Job satisfaction, COVID-19 pandemic

## INTRODUCTION

The outbreak of the novel coronavirus pandemic (COVID-19) and its spread around the world has affected the health of individuals and caused organisations to adopt new business strategies for managing the pandemic (Li, Sun, Tao, & Lee, 2021; Yu, Park, & Hyun, 2021). Some of the new business strategies included staff rationalisation, and this may have affected work attitudes, and in particular, organisational citizenship behaviour. Organisational citizenship behaviour (OCB) is when employees engage in discretionary actions that go beyond the bounds of routine or core job requirements and with no expectation of being rewarded (Lemoine, Parsons, & Kansara, 2015; Organ, 1988; Podsakoff, Whiting, Podsakoff, & Blume, 2009). Employees who self-perceive with some latitude for discretionary behaviour in their job roles tend to be committed to their organisations in the sense of organisational citizenship. Perceived organisational support is the belief by workers that their organisation is mindful of their needs and values their contribution (Eisenberger, Huntington, Hutchison & Sowa, 1986; Wu & Liu, 2014). Employees who perceive to be supported by their organisations would have the confidence for positive discretionary behaviour and would have higher job satisfaction as well as OCB (Choi, 2021; Torlak, Kuzey, Dinc, & Buduk, 2021). Job satisfaction is another factor that may influence OCB and refers to “a

pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (Locke, 1976). However, apart from discretion regarding job functions, employees contend with work-family role conflict which might deplete their work resources and OCB (Wang, Lee, & Wu, 2017). This study examined work-family conflict, perceived organisational support, and job satisfaction as factors that might influence organisational citizenship behaviour among healthcare professionals in the COVID-19 pandemic era.

### **Work-Family Conflict and Organisational Citizenship Behaviour**

Work and family are among the two most important facets of most adults' lives. The role pressures of work and family domains are often incompatible with each other and often result in work-family conflict, which describes a situation in which work roles actively interfere with family roles and vice versa (Greenhaus & Beutell, 1985; Karatape, 2013). Many studies have found work-family conflict to influence organisational performance and employee outcomes (Bacharch, Bamberger, & Conley, 1991; Carlson, Thompson, & Kacmar, 2019; Goh, Ilies, & Wilson, 2015; I-An, Bi-Wen, & Shou-Tsung, 2017; Xia et al., 2018). Since work-family conflict deals largely with incompatibility between work role demands and family role demands, such as time constraints and strain (Greenhaus & Beutell, 1985), high WFC might hinder an employee's readiness for extra-role behaviour, as doing so is likely to increase the perception of higher WFC (Bolino & Turnley, 2005). An empirical study that investigated this relationship among employees of a Fortune 500 company found work-family conflict to be negatively related to organisational citizenship behaviour (Yu, Wang, & Youhuang, 2018), suggesting that high WFC employees were less likely to go the extra mile for the organisation.

Work-family conflict may be likely higher among healthcare professionals as they operate a shift system that tends to disrupt their personal and family time, and with increased work intensification among healthcare workers (Messenger et al., Wilkens, 2017), the perception of higher WFC may likely be on the increase also. According to the conservation of resources theory (Hobfoll, 1989, 2002), when too many of an individual's personal resources are used up in work setting, they are left with insuffi-

cient resources to cope with family life. This situation may trigger an individual to go into resource protection mode to prevent further depletion of available resources, which may be costly to the organisation (Halbesleben, 2009). As a typical extra-role performance, OCB makes demands on an individual's time and energy, which can be quite resource-demanding (Bolino & Turnley, 2005). Thus, they may not want to invest extra resources on discretionary behaviour beyond their call of duty. In other words, under high WFC, a healthcare professional may quit engaging in citizenship behaviour that needs extra resources to perform.

### **Perceived Organisational Support and Organisational Citizenship Behaviour**

Employees' discretionary behaviour may change during the course of one's working life. One important influencer of employee discretionary behaviour is perceived organisational support which refers to an employee's belief about the extent to which the organisation cares about his/her wellbeing and values their work contribution (Eisenberger et al., 1986; Wu & Liu, 2014). There is evidence to suggest that POS can influence work behaviour. Studies steered in this respect have established that employees' who perceive they are supported and valued by their organisation tend to become more resourceful and more involved with their work to help the organisation to achieve its goals (Eisenberger et al., 1986; Kurtessis et al., 2017). The basis for the positive reciprocal behaviour can be situated within the framework of the Social Exchange Theory which predicts high POS employees to return the favour to the organisation as a sense of obligation by engaging in positive behaviours, such as organisational citizenship behaviour (Blau, 1964; Spector & Che, 2014). Accordingly, the Social Exchange theory suggests that if employees perceive higher value, care and support from their employer or organisation, they tend to return the gesture by engaging in more positive behaviours; for example, by investing more psychological capital or by increasing affective bonding to the organisation which tends to enhance their participation in OCB. Support for this outcome is found in many studies which demonstrated that POS has a strong positive relationship with OCB on both individual and organisational lev-

els (Bartkowiak et al., 2020; Chang, 2014; Paramaatha, Mukhtar & Akbar, 2019; Rokhim & Devina, 2019).

### **Job Satisfaction and Organisational Citizenship Behaviour**

As an integral part of the organisational environment, job satisfaction is defined as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences (Locke, 1976), which can affect the performance of discretionary behaviour. Employees who self-rate high on job satisfaction are more likely to reciprocate by engaging in positive discretionary behaviours, such as organisational citizenship behaviour (Cek & Eyupoglu, 2020). According to the social exchange theory, individuals who evaluate their jobs as satisfying will be more willing to go the extra mile for the organisation, such as by engaging in extra-role behaviour at no extra cost to the organisation. Confirming this outcome is a study by Fassina et al., (2007) which showed job satisfaction to be positively related to OCB. In contrast, employees who are less satisfied with their jobs have been shown to be less willing to invest resources in the organisation, especially in terms of extra-role performance (Organ, 1977). Numerous studies indicate job satisfaction to be a key OCB predictor, especially among healthcare employees. These studies found job satisfaction to directly correlate with, and mediate between other factors and OCB in a sample of doctors and nurses (Ababneh & Hackett, 2019; Han et al., 2018; Saadoldin et al., 2016).

### **The Current Study**

In most developing countries, hospitals are facing many challenges, including the effective management of operating costs and employee turnover which have significantly increased particularly in Nigeria amid the COVID-19 pandemic (Amos et al. 2021; Oyadiran et al. 2020). Statistics by the World Health Organisation predict that African nations, including Nigeria, will account for 25% of the expected global shortfall of 12.9 million in skilled healthcare professionals by 2035 (Campbell, 2013). The level of disruption in healthcare service delivery which may result due to the anticipated personnel shortages is significant, making a compelling case for healthcare managers to implement strategies that can

commit incumbent healthcare professionals to participate in organisational citizenship behaviours to ensure that hospitals can still function appreciably despite staff shortages. Thus, the present study examined work-family conflict, perceived organisational support and job satisfaction influences on organisational citizenship behaviour among healthcare professionals in Nigeria in the era of the COVID-19 pandemic.

### **Study hypotheses**

- i. There will be a significant relationship between work-family conflict, perceived organisational support, job satisfaction and organisational citizenship behaviour.
- ii. Work-family conflict, perceived organisational support and job satisfaction will have significant independent and combined influences on organisational citizenship behaviour.
- iii. Female healthcare professionals will report a significantly higher level of organisational citizenship behaviour than their male counterparts.

### **Method**

#### **Design and Participants**

This study applied an ex post facto cross-sectional design using a paper and pencil survey for data collection. The convenience sampling method was utilised to recruit a non-probability sample of healthcare professionals in two tertiary healthcare facilities in Nigeria. This sampling method helped to achieve diversity of healthcare workers in the study sample. All participants in the survey were healthcare professionals employed in government healthcare facility.

The sample comprised 210 participants made up of 92 males and 118 females. More than one-third (31.4%) were between 21 and 30 years old; 44.3% were between 31 and 40 years old; 16.7% were between 41 and 50 years old, while 7.6% were 51 years or older. Slightly more than one-quarter (26.7%) were single; 62.9% were married; 4.8% were di-

forced; 2.9% were widowed, and 2.9% were separated. In terms of areas of practice, about one-fifth (20.5%) were in medicine; 17.6% were in pharmacy; 48.1% were in nursing; 11.4% were in a medical laboratory, while 2.4% indicated 'others.' In terms of professional qualifications, 28.6% indicated that they had obtained an MBBS degree; 31.4% possessed M.Sc. Nursing; 16.2% had acquired B. Pharm; 9.5% were educated up to B.MLSc, while 14.3% possessed other qualifications not indicated in the bio-data information. The majority of participants (58.6%) had tenure less than 10 years; 29.5% had tenure between 11 and 20 years; 6.7% had tenure between 21 and 30 years, while 5.2% had worked for 31 years and over. Table 1 summarises participants' demographic information.

## **Instruments**

Data were collected using a composite questionnaire containing four measures in addition to demographic variables.

Work-Family Conict was assessed using The Work-Family Conict Scale (Haslam, Morawska & Sanders, 2010). This is a short 10-item measure with five items each that assessed work-family conflict and family-work conflict. Respondents rated their level of agreement with each item on a seven-point scale that ranged from 1 = Very strongly disagree to 7 = Very strongly agree. Sample items include: 'My work has a negative impact on my family life' and 'My family has a negative impact on my day-to-day work duties'. Higher scores indicated higher levels of conict. The Cronbach alpha of the scale in the present study is .80.

Job satisfaction was measured using the Generic Job Satisfaction scale (Macdonald & MacIntyre, 1997). The instrument is a 10-item brief but generic measure of job satisfaction. Each item had a five-point Likert response format (Strongly disagree = 1; Disagree = 2; Don't know = 3; Agree = 4; Strongly Agree = 5). Sample items are: 'I receive recognition for a job well done' and 'I feel good about working at this company'. A Cronbach alpha of .77 was reported by the authors for this scale. In this study, the Cronbach alpha of the scale is .71.

Perceived organisational support was measured using the short form uni-dimensional Survey of Perceived Organisational Support (SPOS) (Eisenberger et al., 1986). Responses to the eight items in this scale were made on a seven-point Likert scale ranging from 1 = Strongly disagree; 2 = Moderately disagree; 3 = Slightly disagree; 4 = Neither disagree nor agree; 5 = Slightly agree; 6 = moderately agree, to 7 = Strongly agree. There are positively worded and negatively worded items in the scale. An example of a positively worded item in the scale is 'The organisation really cares about my well-being', while 'The organisation would ignore any complaint from me' is a negatively worded item. Negatively worded items were reverse scored. Shen et al (2014) reported a Cronbach alpha of .91 with a Chinese sample, while the Cronbach alpha of the scale with the study sample is .68.

Organisational citizenship behaviour was assessed using the 10-Item Short Version of the Organisational Citizenship Behaviour Checklist (Spector, Bauer & Fox, 2010). Respondents were asked to indicate how often they had engaged in each of the statements in the scale. Responses are rated on a five-point Likert scale that ranged from '1 = Never' to '5 = Everyday'. Two sample items are: 'Offered suggestions to improve how work is done', and 'Volunteered for extra-work assignment'. The Cronbach alpha of the scale with the current sample is .60.

### **Data Collection Procedure and Ethical Consideration**

The researcher secured goodwill permission from the HR units of the hospitals where study participants were recruited. Extant ethical guidelines for research involving human subjects were adhered to. The primary aim of the research was explained to participants to get informed consent. Projected time to complete a set of the study questionnaire and related issues were discussed. It was explained to participants that participation was voluntary and that they could withdraw from the research once it had begun without any reprimands. In addition, benefits and potential risks, such as discomfort and psychological distress associated with the research, were discussed. Participants were informed that psychological services would be provided to anyone who showed signs of distress while filling

the study questionnaire. To maintain confidentiality, participants were informed that the data would not be shared with an unauthorised third party. Anonymity was ensured by asking participants not to write their names or any detail that might identify them on the study questionnaire.

## **Data Analysis**

Data collected in the study were analysed with SPSS version 23.0. Descriptive and inferential statistics were performed using this software. Percentage counts and frequency were utilised to describe respondents' socio-demographic variables. Inferential statistics performed on the data included bivariate correlation, using Pearson Product Moment Correlation, independent sample t-test, and standard multiple regression.

## **Results**

**Table 1**

Participants' demographic information ( $N = 210$ )

Variable	Frequency	Percentage
<b>Gender</b>		
Male	92	43.8%
Female	118	56.2%
<b>Age (years)</b>		
21-30	66	31.4%
31-40	93	44.3%
41-50	35	16.7%
51 & older	16	7.6%
<b>Marital Status</b>		
Single	56	26.7%
Married	132	62.9%
Divorced	10	4.8%
Widowed	6	2.9%
Separated	6	2.9%

<b>Area of Practice</b>		
Medicine	43	20.5%
Pharmacy	37	17.6%
Nursing	101	48.1%
Medical Laboratory	24	11.4%
Others	5	2.4%
<b>Professional Qualification</b>		
MBBS	60	28.6%
M.Sc. Nursing	66	31.4%
B. Pharm	34	16.2%
B. MLSc	20	9.5%
Others	30	14.3%
<b>Tenure (years)</b>		
Less than 10	123	58.6%
11-20	62	29.5%
21-30	14	6.7%
31 & over	11	5.2%

**Table 2**

Correlation matrix showing relationships among WFC, POS, JS and OCB

<i>Variables</i>	<i>Mean</i>	<i>SD</i>	<i>WFC</i>	<i>POS</i>	<i>JS</i>	<i>OCB</i>
<i>WFC</i>	24.14	7.86	1			
<i>POS</i>	28.34	5.29	-.09	1		
<i>JS</i>	20.16	6.13	-.16*	.51**	1	
<i>OCB</i>	20.84	6.27	-.14*	.32**	.28**	1

\*\*p< .01; \*p< .05

WFC = Work-Family Conflict; POS = Perceived Organisational Support; JS = Job Satisfaction; OCB = Organisational Citizenship Behaviour

Table 2 shows the result of bivariate correlation among study variables. It reveals that there was a weak, negative relationship between WFC and OCB ( $r = -.14, p < .05$ ), meaning that increases in WFC were correlated with decreases in OCB. Also, there was a moderate positive relationship between POS and OCB ( $r = .32, p < .01$ ), so higher POS was associated with an increased likelihood to engage in OCB. Lastly, a low, positive relationship existed between JS and OCB ( $r = .28, p < .01$ ) indicating that higher JS was associated with an increased likelihood to engage in OCB. The result supported hypothesis one of the study.

**Table 3**

Summary standard multiple regression predicting OCB from WFC, POS and JS

<i>Predictors</i>	$\beta$	<i>T</i>	<i>P</i>	<i>R</i>	$R^2$	<i>F</i>	<i>P</i>
WFC	-.14	-1.90	<.05				
POS	.12	1.74	<.05	.36	.13	10.74	<.001
JS	.24	3.22	<.01				

Table 3 shows a significant combined influence of work-family conflict, perceived organisational support and job satisfaction on organisational citizenship behaviour ( $R^2 = .13; F(3, 207) = 10.74; p < .001$ ). It can be seen from the results that WFC, POS and JS jointly contributed .36% to the variance in OCB. Analyses of independent contributions revealed a significant negative influence of WFC on OCB ( $\hat{\alpha} = -.14; t = -1.90; p < .05$ ), indicating that the higher the level of WFC, the less likely it is that healthcare professionals would perform OCB. There was a significant positive effect of POS on OCB ( $\hat{\alpha} = .12; t = 1.74; p < .05$ ), suggesting that the more

favourable the perception of support, the more likely it is that healthcare professionals would engage in OCB. Lastly, JS positively predicted OCB ( $\hat{\alpha} = .24$ ;  $t = 3.22$ ;  $p < .01$ ) implying that the more satisfied a healthcare professional is, the greater the tendency that they would engage in OCB. The result further showed that of the three factors investigated, job satisfaction was the strongest predictor of OCB and contributed the most. The data supported hypothesis two of the study.

**Table 4**

Summary of independent sample t-test showing gender influence on organisational citizenship behaviour

<i>Variable</i>	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>DF</i>	<i>T</i>	<i>P</i>
Male	92	20.97	6.91	208	.26	>.05
Female	118	20.74	5.75			

Table 4 shows the results of gender influence on OCB, indicating that there is no significant difference in the levels of OCB of male and female healthcare personnel,  $t(26) = 208$ ;  $p > .05$ ). There is no statistically significant difference between the mean OCB score of males ( $M = 20.97$ ,  $SD = 6.91$ ) and mean OCB score of females ( $M = 20.74$ ,  $SD = 5.75$ ). This means that male and female healthcare workers were equally likely to be engaged in OCB. Hypothesis three was not supported.

## Discussion

Promoting organisational citizenship behaviour of healthcare professionals is crucial to meeting Nigeria's healthcare delivery needs, especially with the high rate of brain drain in the era of the COVID-19 pandemic. In this light, it is important to understand which employee and organisational factors contribute to their OCB. The aim of this study was to examine whether work-family conflict, perceived organisational support and job

satisfaction influenced healthcare professionals' organisational citizenship behaviour. The relationship of the four constructs was investigated in a non-probability convenience sample of healthcare professionals in two tertiary healthcare facilities in Nigeria.

The study hypothesized that WFC, POS and JS would independently and jointly predict OCB. The findings reveal that while WFC is negatively related to OCB, POS and JS both positively predicted OCB. The results indicate that healthcare professionals who perceived higher work-family conflict were less likely to be involved in organisation-oriented citizenship behaviour. However, healthcare professionals who believed they were supported and cared for by their organisation and those who felt satisfied with their job are more likely to display organisational citizenship behaviour.

Concerning the negative prediction of OCB by WFC, the findings in this study concur with previous research that reported negative consequences of WFC on discretionary behaviour such as OCBs (Carlson et al., 2019; I-An et al., 2017). Explanations based on the time constraint perspective of WFC (Greenhaus & Beutell, 1985) which posits that the time devoted to the work domain is automatically unavailable for use in the family domain may suffice for this current finding. It may be that the participants sampled in this study might be feeling that they were spending more time at work, and had less time for family and other personal concerns, which might reduce their tendency to participate in extra-role behaviour.

The results showing that POS positively predicted OCB as found in this study are supported by numerous research findings in the OCB literature (such as Kurtessis et al., 2017; Paramaatha et al. 2019). The findings further confirmed the salutary effect of POS in promoting positive discretionary employee acts that can further enhance organisational effectiveness at no cost to the organisation. Healthcare personnel who felt that management appreciated and cared for their wellbeing in the face of increased workload occasioned by attrition likely may have reciprocated this gesture with helpful behaviours that went beyond the call of duty.

The finding showed that job satisfaction positively predicted organisational citizenship behaviour and contributed the largest to OCB in this study.

This finding corroborated previous research across settings that had explored the relationship (for instance, Ababneh & Hackett, 2019; Saadoldin et al., 2016). The findings in the current study showed that the likelihood to perform OCB was higher among satisfied healthcare professionals. It seems likely that healthcare professionals in this study may likely have evaluated their work outcomes positively, leading to a greater desire to assist the organisation succeed, which may have been expressed through various acts of OCB.

## **Conclusion**

The study concludes that work-family conflict, perceived organisational support and job satisfaction are important factors of organisational citizenship behaviour of healthcare professionals. There are practical implications for managing the OCB of healthcare professionals, particularly in the era of the COVID-19 pandemic from these conclusions. Firstly, higher WFC was associated with low OCB. This implies that by reversing their perception of high WFC, there is a greater likelihood that healthcare professionals would be more willing to perform OCB. This may be achieved by eliminating aspects of the job that are more likely associated with high WFC, such as high daily patient count, long work hours and frequent overtime duty. In addition, continuous recruitment of medical/health personnel will reduce the perception of high WFC as incumbents gain more free time for their personal matters, including family.

Secondly, the findings that POS positively predicted OCB imply that recognising healthcare professionals as valuable sources of human capital in the health sector can motivate them to volunteer more effort that can improve the quality of healthcare delivery at no extra cost to the organisation. Assistance in the area of funding for conferences and other self-development endeavours would send the message that the organisation is supportive of their career and professional development. Also, the provision of various forms of employee assistance programs, such as compassionate leave with pay and subsidised healthcare for family, may communicate to employees that they are cared for. With these practices in place, employees may feel appreciated and willing to undertake addi-

tional responsibilities without the organisation having to compensate them monetarily or in any other form for these extra tasks.

Thirdly, as found in this study, satisfied healthcare professionals were more likely to engage in OCB. This implies that the government, healthcare managers, healthcare-oriented NGOs and other stakeholders in the healthcare sector can increase the level of OCB among healthcare professionals by implementing policies that can enrich their work-related experiences. Payment of salary and allowances as when due, improving the work environment, quality supervisor-subordinate relationship, and the provision of medical equipment that aids work performance may be especially relevant in promoting OCB among healthcare workers in Nigeria.

### **Limitation**

The convenience sampling method adopted in the study is not representative of the population of healthcare professionals in Nigeria. The non-probability nature of this sampling method might have resulted in a homogenous sample of respondents due to unsystematic random error. This means that generalising the findings to the population of healthcare professionals in Nigeria is not feasible. Also, data were collected using a self-administered pencil and paper questionnaire which is not always a reliable source of information. It is not guaranteed that responses were an objective reflection of participants' true feelings. Lastly, the design of the research itself presents a source of limitation. Cross-sectional design was adopted in the study which means that causality cannot be implied from the findings.

## References

- Ababneh, K. I. & Hackett, R. D. (2019). The direct and indirect impacts of job characteristics on faculty organisational citizenship behaviour in the United Arab Emirates. *Higher Education*, 77(1), 19-36.
- Amos, O.A., Adebisi, Y.A., Bamsaiye, A., Olayemi, A.H., Ilesanmi, E.B., Michael, A.I., Ekpenyong A., Lucero-Prisno D.E. (2021). COVID-19 and progress made towards achieving universal health coverage in Africa: A case of Nigeria. *The International Journal of Health Planning and Management*, 36 (5), 1417-1422.
- Bacharch, S.B., Bamberger, P.A., & Conley, S. (1991). Work-home among nurses and engineers: mediating the impact of role stress on burnout and satisfaction at work. *Journal of Organisational Behaviour*, 12, 39-53.
- Bartkowiak, G, Krugie<sup>3</sup>ka, A., Dachowski, R., Ga<sup>3</sup>ek, K., & Kostrzewa-Demczuk, P. (2020). Attitudes of Polish entrepreneurs towards 65+ knowledge workers in the context of their pro-social attitude and organisational citizenship behaviour. *Sustainability*, 12, 5294. <https://www.mdpi.com/2071-1050/12/13/5294>
- Blau, P.M. (1964). Exchange and power in social life. Piscataway Transaction Publishers.
- Bolino, M.C., & Turnley, W.H. (2005). The personal cost of citizenship behaviour: the relationship between individual initiative and role overload, job stress, and work-family conflict. *Journal of Applied Psychology*, 90, 740-748
- Campbell, J., Dussault, G., Buchan, J., Pozo-Martin, F., Guerra, A.M., Leone, C., et al. (2013). A universal truth: No health without a workforce. In: *Forum Report, Third Global Forum on Human Resources for Health, Recife, Brazil*. Geneva: Global Health Workforce Alliance and World Health Organisation.» <http://www.who.int/workforcealliance/knowledge /resources/ hrhreport2013/en/>

- Carlson, D.S., Thompson, M.J., & Kacmar, K.M. (2019). Double crossed: The spillover and crossover effects of work demands on work outcomes through the family. *Journal of Applied Psychology*, *104* (2), 214-228. <https://doi.org/10.1037//ap10000348>.
- Cek, K., & Eyupoglu, S. (2020). Does a job satisfaction and organisational citizenship behaviour relationship exist among teachers? *South African Journal of Education*. *40*, Supp 2,
- Chang, C. (2014). Moderating effects of nurses' organisational justice between organisational support and organisational citizenship behaviours for evidence based practice. *Worldviews on Evidence Based Nursing*, *11*(5), 332– 340. <https://doi.org/10.1111/wvn.12054>
- Choi, Y. (2021). Workplace ostracism and work-to-family conflict among female employees: moderating role of perceived organisational support. *International Journal of Organisational Analysis*, *29* (2), 436-449. <https://doi.org/10.1108/IJOA-04-2020-2143>.
- Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organisational support. *Journal of Applied Psychology*, *71*(3), 500–507. <https://doi.org/10.1037/0021-9010.71.3.500>.
- Fassina, NE., Jones, DA., & Uggerslev, KL. (2007). Relationship clean-up time: Using meta-analysis and path analysis to clarify relationships among job satisfaction, perceived fairness, and citizenship behaviours. *Journal of Management*, *34*, 161-188.
- Goh, Z.W., Ilies,,R., & Wilson, K.S. (2015). Supportive supervisors improve employees' daily lives: The role supervisors play in the impact of daily work load on life satisfaction via work-family conflict. *Journal of Vocational Behaviour*, *89*, 65-73.
- Greenhaus, J.H., & Beutell, N.J. (1985). Sources of conflict between work and family roles. *Academy of Management Review*, *10*, 76-88.

- Halbesleben, J.R.B., Harvey, J., & Bolino, M.C. (2009). Too engaged? A conservation of resources view of the relationship between work engagement and work interference with family. *Journal of Applied Psychology, 94*, 1452-1465.
- Han, R., Wei, L., Li, J., Zhang, D., & Li, H. (2018). The mediating effects of job satisfaction on the association between doctor-patient relationship and OCB among physicians in China. *Iranian Journal of Public Health, 47*(5), 698–705.
- Haslam, D.M., Morawska, A., & Sanders, M.R. (2010). The work-family conflict scale (WAFCS). Parenting and family support centre. The University of Queensland, Australia.
- Hobfoll, SE. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist, 44*, 513-524.
- Hobfoll, SE. (2002). Social and psychological resources and adaptation. *Review of General Psychology, 6*, 307-324.
- Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2017). Perceived organisational support: A meta-analytic evaluation of organisational support theory. *Journal of Management, 43*(6), 1854–1884. <https://doi.org/10.1177/0149206315575554>
- Lemoine, G. J., Parsons, C. K., & Kansara, S. (2015). Above and beyond, again and again: Selfregulation in the aftermath of organisational citizenship behaviours. *Journal of Applied Psychology, 100*(1), 40-55. <https://doi.org/10.1037/a0036902>
- Li, J.Y., Sun, R., Tao, W., & Lee, Y. (2021). Employee coping with organisational change in the face of a pandemic: The role of transparent internal communication. *Public Relations Review, 47*(1), 101984. doi:10.1016/j.pubrev.2020.101984.
- Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunnette (Ed.), *Handbook of industrial and organisational psychology* (pp. 1297–1349). Chicago: Rand McNally.

- Macdonald, S., & MacIntyre, P. (1997). The generic job satisfaction scale. *Employee Assistance Quarterly*, 13(2), 1-16. DOI: 10.1300/J022v13n02\_01
- Messenger, J., Vargas, O., Gschwind, L., Boehmer, S., Vermeulen, G., & Wilkens, M. (2017). Working anytime anywhere: The effects on the world of work. Publications office of the European Union; Luxembourg, pages 1-72
- Organ, D. W. (1988). *Organisational citizenship behaviour: The good soldier syndrome*. Lexington, MA: Lexington Books.
- Organ, DW (1977). Inferences about trends in labour force satisfaction: A causal-correlational analysis. *Academy of Management Journal*, 20, 510-519.
- Oyadiran, O.T., Agaga, L.A., Adebisi, Y.A., & Lucero-Prisno, D.E. (2020). Nigeria, COVID-19 and the dearth of health workers. *Journal of Global Health*, 10 (2).
- Paramaatha, D.N., Mukhtar, M., & Akbar, M. (2019). The effects of perceived organisational support and affective organisation commitment on organisational citizenship behaviour of senior secondary teachers. *Indian Journal of Public Health Research & Development*, 10 (1), 1281-1285. doi: 10.5958/0976-5506.2019.0023.x
- Podsakoff, N. P., Whiting, S. W., Podsakoff, P. M., & Blume, B. D. (2009). Individual and organisational level consequences of organisational citizenship behaviours: A metaanalysis. *Journal of Applied Psychology*, 94(1), 122-141. <https://doi.org/10.1037/a0013079>
- Rokhim R., & Devina M. (2019). Contact employees' prosocial behaviors: The role of leader-member exchange and perceived organisational support. In: Sendjaya S. (eds) *Leading for high performance in Asia*. Springer, Singapore. <https://doi.org/10.1007/978-981-13-6074-93>.

- Saadoldin, S.N., Daghighan, Z.K., Esmaily, H., & Hooshmand, E. (2016). The relationship between organisational citizenship behaviour, job satisfaction and occupational stress among midwives working in healthcare centers of Mashhad, Iran. *Journal of Midwifery & Reproductive Health*, 4(2), 622-630. doi: 10.22038/jmrh.2016.6469
- Shen, Y., Jackson, T., Ding, C., & Yuan, D. (2014). Linking perceived organisational support with employee work outcomes in a Chinese context: Organisational identification as a mediator. *European Management Journal*, 32 (3). <http://doi.10:1016/j.emj.2013.08.004>
- Spector, P. E., Bauer, J. A., & Fox, S. (2010). Measurement artefacts in the assessment of counterproductive work behaviour and organisational citizenship behaviour: Do we know what we think we know? *Journal of Applied Psychology*, 95(4), 781-790. doi: <http://dx.doi.org/10.1037/a0019477>.
- Spector, P.E., & Che, X.X. (2014). Re-examining citizenship: How the control of measurement artifacts affects observed relationships of organisational citizenship behaviour and organisational variables. *Human Performance*, 27, 165–182
- Torlak, N. G., Kuzey, C., Dinc, M.S., & Buduk, T. (2021). Links connecting nurses' planned behaviour, burnout, job satisfaction, and organisational citizenship behaviour. *Journal of Workplace Behavioral Health*, 36(1), 77-103. <https://doi.org/10.1080/15555240.2020.1862675>.
- Wang, I, Bi-Wen, L. & Shou-Tsung, W. (2017). The relationships among work-family conflict, turnover intention and organisational citizenship behaviour in the hospitality industry of Taiwan. *International Journal of Manpower*, 38 (8), 1130-1142.
- Wang, L.A., Lee, B.W., & Wu, S.T. (2017). The relationships among work-family conflict, turnover intention and organisational citizen-