

Citizenship Behavior Among College Teachers: A Study with Reference to Self-Efficacy Organizational Commitment and Transformational

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Abstract- The present paper attempts to examine the influence of Organizational structure and leadership effectiveness on Organizational Citizenship Behavior in health and education sectors in India. The researcher in this paper considers the descriptive research methodology wherein a questionnaire-based survey instrument is used for the collected of data from the participants of the research. Data is collected from 160 participants (80 from health sector and 80 from education sector) belonging health and education sectors in Chennai, India. Statistical techniques such as descriptive analysis, correlation and regression analysis were performed by the researcher to determine the relationship between variables considered in the research. There is a significant relationship between Organizational Structure, Leadership Effectiveness, and OCB of Indian Health and Education Sector Employees. Furthermore, the findings of the research revealed a positive relationship between the variables considered in the research which is a good sign that there is a need to improve leadership effectiveness and organizational structure of Indian health and educational organizations. However, an extensive research is warranted with additional variables, extensive sample size and different sectors to arrive at better consensus.

Keywords: Organizational Structure, Leadership Effectiveness, Organizational Citizenship Behavior, Health, Education.

I. INTRODUCTION

Organizational Citizenship Behavior (OCB) is an important trait that should be in practice in all work environments (Basirudin et al., 2016). OCB occurs within the minds of individuals to display positive attitude at work, taking additional strides to take extra jobs, respecting the policies stated by the organization and having tolerance to work related stress (Robbins et al., 2012). OCB can be defined as a term that integrates positive and constructive aspects of employees with their own consent which improves their performance, supports their colleagues thereby supporting organizational benefits (Zhang, 2011) (Zhang, 2011)(Zhang, 2011)(Zhang, 2011)(Zhang, 2011)(Zhang, 2011)[3](Zhang, 2011)(Zhang, 2011)(Zhang, 2011)(Zhang, 2011). OCB is related with other terminologies which include Extra role behavior (Van Dyne & LePine, 1998), Organizational spontaneity (George & Brief, 1992), and organizational behavior (Brief & Motowidlo, 1986). Researchers in the past asserted the importance of OCB on organizational effectiveness (Alkahtani, 2015). The cases of most successful organizations in the world display employees willing to work more than their usual job responsibilities and generate performance that is more than what is expected out of them. OCB depicts the actions in which employees tend to go a mile above than their expected prescribed role requisites (Chien, 1988). Prior theories have suggested that such behaviors inscribed in literature are correlated with several other indicators associated with effectiveness of organizations (Organ, 1990; Van Dyne et al., 1994). However, these indicators tend to have differences in their effect on OCB which is associated with the industry type.

Health and Education sectors are deemed to be the two main pillars of human development (Bloom, 2019). Firstly, the management of human resources in both health and education sectors is imperative for better offering of services to the public stakeholders. In the health sector, especially hospitals which play a major role in modern economy, human factor plays a vital role. It is a well-known fact that intense interactions between patients, and doctors and nurses cannot be neglected (Fujimoto, 2011). Hence, doctors and nurses are required to take additional roles in caring their patients, thereby improving patient satisfaction.

Secondly, in the education sector, teachers as professionals work to improve the performance of students by enhancing their capabilities in studies and other activities, improving their discipline, and taking steps to address student needs (Soodak & Podell, 1996). Teachers and other higher officials at schools and higher education institutions should consider additional roles often associated with learning new methods of teaching and understanding pedagogical issues which can improve individual performance of students thereby improving the overall performance of educational institutions (Bogler & Somech, 2005). In both the case of Health and Education sectors, the additional roles are related to OCB. As it is ascertained that OCB is important in both the health and education sectors, there is a need to identify the factors influencing OCB in these sectors. An examination of previous extent literature led to the identification of the factors - Organizational Structure and Leadership Effectiveness, both being the key predictors of OCB in the health and education sectors.

In an educational setting, organizational structure contributes to the effectiveness of the organizations (Rutherford, 2006). Changes in organizational structure alter the process of decision making which will have a direct impact on teacher leadership (George & Brief, 1992; Katzenmeyer & Moller, 2009; Rosenholtz, 1989; Smylie & Mayrowetz, 2009). Similarly, the efforts taken to restructure an educational organization might influence teacher leadership through the nature and frequency of teacher interactions, and also influences professional development and learning (Berends et al., 2001; Bodilly et al., 1998; Fullan, 2005; Smylie & Perry, 1998). Similarly, the effectiveness of Leadership (also known as Leadership Effectiveness) is also suggested to be an important factor that brings better opportunities for teachers to improve their extra role behavior. An effective leadership is one that is embedded within an institution and a resilient institution can make improvements that are sustainable regardless of any resistance (Rutherford, 2006). In the health care segment, a relationship between Organizational Structure, Leadership Effectiveness, and OCB is discerned (Zbirenko & Andersson, 2014).

In the present paper, the researcher attempts to examine the influence of Organizational structure and leadership effectiveness on OCB in health and education sectors in India. While extent literature provides several indicators influencing OCB, the researcher identified organizational structure and leadership effectiveness to have great relevance in the health and education sector. Furthermore, there is a need to understand the stance of employees working in healthcare and education segments in India and their OCB wherein the research will open venues for further studies in the future.

II. METHODOLOGY

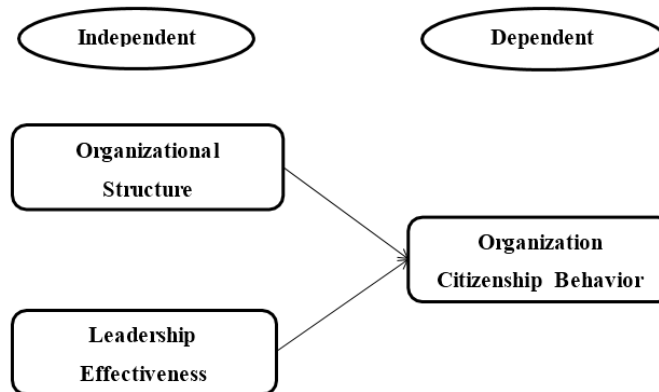
The researcher in this paper considers the descriptive research methodology wherein a questionnaire based survey instrument is used for the collected of data from the participants of the research. The researcher collected data from 160 participants belonging to Indian health and education sectors. A cause and effect relationship between the variable considered in the study needs to be ascertained and hence the researcher adopted a positivist philosophy. The following variables and their respective scales are used for the development of the questionnaire (Table 1).

Table 1: Research Variables and Scales used

Independent Variable	Organizational Structure	Suman and Srivastava (2012)
Independent Variable	Leadership Effectiveness	Quinn et al. (2004)
Dependent Variable	Organizational Behavior (OCB) Citizenship	Podsakoff et al., (1990)

Source: Adopted from Author (2019)

Frame Work:



Based on the dependent and independent variables identified, the following hypotheses are framed:

H11: There is a significant relationship between Organizational Structure, Leadership Effectiveness, and OCB of Indian Health Sector Employees

H12: There is a significant relationship between Organizational Structure, Leadership Effectiveness, and OCB of Indian Education Sector Employees

H13: Organizational Structure has an impact on OCB of Indian Health Sector employees **H14:** Organizational Structure has an impact on OCB of Indian Education Sector employees **H15:** Leadership effectiveness has an impact on OCB of Indian Health Sector employees **H16:** Leadership effectiveness has an impact on OCB of Indian Education Sector employees

Purposive sampling was performed to select participants for the research paper. Purposive sampling is performed to select Indian health sector and education sector employees; however simple random sampling was also performed to provide equal chances for all health and education sector employees. Data is collected from participants belonging to the city of Chennai, Tamil Nadu India.

SPSS 20.0 was used to analyse the collected data. Statistical techniques such as descriptive analysis, correlation and regression analysis were performed by the researcher to determine the relationship between variables considered in the research. Furthermore, Cronbach's alpha test, Convergent and Discriminant Validity test are also performed.

III. RESULTS

The data collected using questionnaires were analysed using SPSS tool. Descriptive statistics and percentage analysis are performed to analyse the demographic information of the participants which are described in Table 2. A total of 160 participants participated in the research wherein an equal number of 80 participants each from health sector and education sector were selected. A total of 54 males (67.5 percent) and 26 females (32.5 percent) belong to the education sector whereas

44 males (55 percent) and 36 females (45 percent) belong to the health sector. A maximum of 30 percent of the participants belong to the age group '31-35 years' in the education sector whereas a maximum of 25 percent of the participants belong to both 'below 25' and '25-30' age group in the health service sector. In both education and health service sector, maximum numbers of participants are married and maximum numbers of participants are Undergraduates.

Table 2: Frequency of demographic of the respondents

	Education n(%)	Health Service	Total
Gender			
Male	54 (67.5)	44 (55.0)	98 (61.3)
Female	26 (32.5)	36 (45.0)	62 (38.8)
Age			
Below 25	16 (20.0)	20 (25.0)	36 (22.5)
25-30	22 (27.5)	20 (25.0)	42 (26.3)
31-35	24 (30.0)	16 (20.0)	40 (25.0)
36-40	18 (22.5)	14 (17.5)	32 (20.0)
Above 40	-	10 (12.5)	10 (6.3)
Marital Status			
Married	50 (62.5)	54 (67.5)	104 (65.0)
Unmarried	30 (37.5)	26 (32.5)	56 (35.0)
Education			
Diploma	-	18 (22.5)	18 (11.3)
UG	30 (37.5)	50 (62.5)	84 (50.0)
PG	34 (42.5)	12 (15.0)	46 (28.8)
PhD	14 (17.5)	-	14 (8.8)
Others	2 (2.5)	-	2 (1.3)
Experience			
Below 5	22 (27.5)	18 (22.5)	40 (25.0)
5-10	16 (20.0)	28 (35.0)	44 (27.5)
11-15	34 (42.5)	24 (30.0)	58 (36.3)
16-20	6 (7.5)	4 (5.0)	10 (6.3)

Above 20	2 (2.5)	6 (7.5)	8 (5.0)
Total	80 (100.0)	80 (100.0)	160 (100.0)

The researcher in the present study performed the Cronbach's alpha test to analyze the internal reliability or consistency of the test items or the scale items. In any research with numerical data operating to understand the relationship between different variables, the Cronbach's alpha test is performed as a measure of consistency and reliability of the questionnaire items (Bonett & Wright, 2015). From the Cronbach's alpha test results in Table 3, it was revealed that there exists a good fit of items in the different scales considered.

Table 3: Reliability Analysis

	No. of items	Cronbach's Alpha
Organizational Structure	21	0.933
Leadership Effectiveness	32	0.983
Human Relations	8	0.932
Internal Process	8	0.919
Rational Goal	8	0.955
Open Systems	8	0.946
Organization Citizenship Behavior	24	0.954

In addition, the construct and discriminant validity tests were conducted. The construct validity test is performed to examine whether a construct measures the specific construct or some other variable. However, the test for discriminant validity is performed to define whether two measures are related or not (Lehmann, 1988). The results of construct and discriminant

Table 4: Construct and Discriminate Validity test

	AVE	CR
Organizational Structure	0.651	0.974
Leadership Effectiveness	0.660	0.991
Organization Citizenship Behavior	0.628	0.981

Note: AVE- Average Variance Extracted, CR- Composite Reliability
Correlation analysis is performed on the variables considered in this paper. The values in Table 5 display the relationship between Organizational Structure, Leadership Effectiveness and Organization Citizenship Behavior. The findings from correlation analysis reveal the existence of relationship between the variables considered in the research. Even, individual analysis of health and education sector reveals the relationship between variables considered in the study. Hence, the hypotheses “**H11:** There is a significant relationship between Organizational Structure, Leadership Effectiveness, and OCB of Indian Health Sector Employees” and “**H12:** There is a significant relationship between Organizational Structure, Leadership Effectiveness, and OCB of Indian Education Sector Employees” are approved.

Table 5: Relationship between Organizational Structure, Leadership Effectiveness and Organization Citizenship Behavior

Sector		OSS	LE	OCB
Education	Organizational Structure Scale (OSS)	1		
	Leadership Effectiveness (LE)	.671**	1	
	Organization Citizenship Behavior (OCB)	.707**	.679**	1
Health Service	Organizational Structure Scale (OSS)	1		
	Leadership Effectiveness (LE)	.859**	1	
	Organization Citizenship Behavior (OCB)	.867**	.903**	1
	Organizational Structure Scale (OSS)	1		

Overall	Leadership Effectiveness (LE)	.707**	1	
	Organization Citizenship Behavior (OCB)	.764**	.776**	1

**p<0.01

An association between Organizational structure and OCB was assessed and displayed in Table 6 which revealed the existence of association between the two variables in both education (beta=0.879, p<0.000**) and health service (beta=1.067, p<0.000**) sectors. Therefore, there is a significant influence of Organizational structure on OCB. Furthermore, the R-square value (0.752) revealed that 75 percent of Organization Citizenship Behaviour changed based on the effect of organizational Structure in health sector. Hence, the hypotheses “**H13**: Organizational Structure has an impact on OCB of Indian Health Sector employees” and **H14**: Organizational Structure has an impact on OCB of Indian Education Sector employees” are approved.

Table 6: Association between Organizational Structure Scale and Organization Citizenship Behavior

Sector		Unstandardized Coefficients		R Square	t value	p value
		Beta	SE			
Education	(Constant)	0.451	0.400	0.499	1.129	0.000**
	Organizational Structure Scale (OSS)	0.879	0.100		8.822	0.000**
Health Service	(Constant)	-0.550	0.291	0.752	-1.888	0.000**
	Organizational Structure Scale (OSS)	1.067	0.069		15.391	0.000**
Overall	(Constant)	0.124	0.257	0.584	0.483	0.630
	Organizational Structure Scale (OSS)	0.932	0.063		14.901	0.000**

Dependent Variable

Organization Citizenship Behavior, **p<0.01

An association between Leadership Effectiveness and OCB was assessed and displayed in Table 7 which revealed the existence of association between the two variables in both education (beta=0.733, p<0.000**) and health service (beta=1.006, p<0.000**) sectors. Therefore, there is a significant influence of leadership effectiveness on OCB. Furthermore, the R-square value (0.815) revealed that 82 percent of Organization Citizenship Behaviour changed based on the effect of leadership effectiveness in health sector. Hence, the hypotheses “**H15**: Leadership effectiveness has an impact on OCB of Indian Health Sector employees” and **H16**: Leadership effectiveness has an impact on OCB of Indian Education Sector employees” are approved

.Table 7: Relationship between Leadership Effectiveness and Organization Citizenship Behavior

Sector		Unstandardized Coefficients		R Square	t value	p value
		Beta	SE			
Education	(Constant)	0.776	0.392	0.464	1.977	0.052
	Leadership Effectiveness (LS)	0.733	0.128		8.167	0.000**

IV. THE IMPACT OF ORGANIZATIONAL STRUCTURE AND LEADERSHIP EFFECTIVENESS ON ORGANIZATIONAL CITIZENSHIP BEHAVIOR - A COMPARATIVE STUDY IN INDIAN HEALTH AND EDUCATION SECTORS

Health Service	(Constant)	-0.237	0.225	0.815	-1.052	0.296
	Leadership Effectiveness (LS)	1.006	0.054		18.562	0.000**
Overall	(Constant)	0.388	0.231	0.603	1.677	0.095
	Leadership Effectiveness (LS)	0.838	0.054		15.461	0.000**

Dependent Variable

Organization Citizenship Behavior, **p<0.01

V. DISCUSSION

Education and health are both the major factors contributing to human capital in any nation. Hence, there is a need to build better education systems and healthcare delivery methods. While these aspects are imperative to build better economic growth of the nation, India records the highest prevalence of diseases and lowest economic growth. Hence, there is a need to invest in the aforementioned areas which necessitate improved workforce productivity in the same (Business Standard Private Ltd., 2019). While workforce productivity is imperative for the growth of human capital, the amount of satisfaction among working personnel in the areas of health and education needs to be steered for the betterment of people. Against this backdrop, the researcher identified the need for OCB which is important to steer a human resource's attitude to work better in any industry. Studies in the past have concluded the importance of OCB and how it steers employee engagement in different sectors (George & Joseph, 2015; Rurkkhum & Bartlett, 2012). However, there are lack of researches that examined the influence of variables influencing OCB in the health and education sector, especially in the Indian sub-continent which houses a considerable population in the world. Both Organizational Structure and Leadership Effectiveness are deemed to be two important variables influencing OCB in different sectors but lack of researches in the health and education sector necessitated a research paper in this direction.

Organizational structure comprises of the activities which include task allocation, collaboration, supervision and directed achievement of the organization's goals and objectives. Organizational structure can also be considered as a lens that individuals working in an organization use to see his or her working environment (Elsaid et al., 2013). The influence of organizational structure on OCB through innovation has been examined in previous researches (Naqshbandi & Kaur, 2013). In line with the previous researches, the researcher in the present paper attempted to examine such relationship in the health and education sectors in India wherein the results revealed the existence of similar relationship. The researcher identified no big differences in the relationship as both the sectors displayed positive relationship- as organizational structure improves, OCB among employees in both the health and education sectors improve.

Leadership effectiveness is associated with the generation of profits to organizations wherein leaders motivate their followers, improve their performance, and maintain good organizational reputation. It is revealed that Leadership effectiveness through the form of transformational leaders tends to have improved the performance levels of employees through OCB at workplace. A strong correlation between leadership effectiveness and OCB is previously discerned by Fuller et al (1996) and Judge and Piccolo (2004). Similarly, the present research reveals the existence of relationship between leadership effectiveness and OCB in both education and health sectors of India. No great differences are witnessed between the considered sectors. This reveals the importance of both organizational structure and OCB in Indian health and education sectors.

VI. CONCLUSION

The paper is an attempt to understand the influence of leadership effectiveness and organizational structure on the OCB in Indian health and education sector employees. The findings of the research revealed a positive relationship between the variables considered in the research which is a good sign that there is a need to improve leadership effectiveness and organizational structure of Indian health and educational organizations. However, the researcher claims further researches to be performed in the following directions- firstly, the researcher identified two important factors that are imperative to steer OCB; however, there is a need to identify other factors influencing OCB in the Indian health and educational sector. Secondly, the researcher has considered a sample size which is as per the convenience of the researcher to select the participants; future researches should consider an extensive sample size. The researcher in the present paper has identified the existence of positive relationship between the factors considered for the study; however, this relationship might differ

with a larger sample size and hence an extensive research is warranted.

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