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**FACTORS INFLUENCING SERVICE-ORIENTED
ORGANIZATIONAL CITIZENSHIP BEHAVIORS AMONG
NURSES**

By

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UUM
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Master of Science (Management)**



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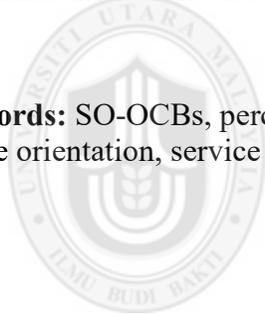


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ABSTRACT

The role of nurses as service personnel in delivering service to patients is important in the healthcare industry. In order to gain competitive advantage in a highly competitive market, an organization should enhance and stimulate the practice of Service-Oriented Organizational Citizenship Behaviors (SO-OCBs) among employees. The purpose of this study is to investigate the factors that affect SO-OCBs among nurses. A total number of 500 questionnaires were distributed to registered nurses in the state of Penang. However, only 443 questionnaires were usable for analysis. Correlation and regression analysis were conducted in analyzing the data. The findings exhibited that all of the independent variables (perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction) are positively related to SO-OCBs. On the other hand, from the result of multiple regression analysis, it indicated that service climate is the strongest factor influencing SO-OCBs of nurses. Service-Oriented Organizational Citizenship Behaviors (SO-OCBs) is vital because it contributes to the overall success of the organization. Therefore, the management of the organization needs to examine the factors affecting SO-OCBs.

Keywords: SO-OCBs, perceived organizational support, service climate, organizational service orientation, service commitment, job satisfaction



ABSTRAK

Peranan jururawat sebagai pekerja perkhidmatan untuk menjaga pesakit adalah penting dalam industry penjagaan kesihatan. Untuk mendapatkan kelebihan persaingan dalam persaingan pasaran yang sangat sengit, organisasi perlu meningkatkan dan merangsang amalan perilaku kewarganegaraan organisasi berorientasikan perkhidmatan dalam kalangan pekerja. Tujuan kajian ini adalah untuk mengkaji faktor-faktor yang mempengaruhi perilaku kewarganegaraan organisasi berorientasikan perkhidmatan dalam kalangan jururawat. Sejumlah 500 soal selidik telah diedarkan kepada jururawat di hospital- hospital di Pulau Pinang walaupun hanya 443 boleh digunakan untuk analisis. Korelasi dan analisis regresi telah digunakan untuk menganalisis semua data. Dapatan kajian menunjukkan bahawa semua pembolehubah bebas (sokongan organisasi yang diperasan, suasana pelayanan, orientasi layanan organisasi, komitmen layanan, dan kepuasan kerja) adalah positif dengan perilaku kewarganegaraan organisasi berorientasikan perkhidmatan. Selain itu, daripada analisis regresi berganda yang telah dijalankan, kajian menunjukkan bahawa suasana pelayanan adalah faktor yang terpengaruh terhadap perilaku kewarganegaraan organisasi berorientasikan perkhidmatan di kalangan jururawat. Kelakuan kewarganegaraan organisasi berorientasikan perkhidmatan adalah penting kerana ia menyumbang kepada kejayaan keseluruhan organisasi. Dengan ini, pihak pengurusan organisasi yang terlibat perlu melihat faktor-faktor yang mempengaruhi perilaku kewarganegaraan organisasi berorientasikan perkhidmatan.

Kata Kunci: perilaku kewarganegaraan organisasi berorientasikan perkhidmatan, sokongan organisasi yang diperasan, suasana pelayanan, orientasi layanan organisasi, komitmen layanan, kepuasan kerja

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CHAPTER 1

INTRODUCTION

1.0 CHAPTER INTRODUCTION

This chapter presents an overview factors influencing service-oriented organizational citizenship behaviors (SO-OCBs). This chapter consists of nine parts which are (1) Introduction of the study (2) Background of the Problem, (3) Problem Statements, (4) Research Objectives, (5) Research Questions, (6) The variables of the study, (7) Theoretical framework, (8) Hypothesis, (9) Significance of the study, and (10) Chapter Conclusion.

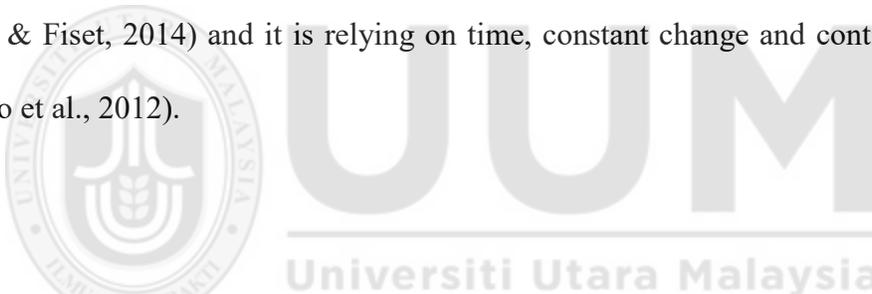
1.1 INTRODUCTION OF THE STUDY

The importance of SO-OCBs which contributes in the areas of marketing has been discussed by many scholars recently. The voluntary commitment of an employee to perform a task that goes beyond the job requirement is considered to be beneficial to the service organization because it can help the organization to function efficiently and effectively (Bienstock & DeMoranville, 2006; Jain et al., 2012; Yang, 2012).

By cultivating the practice of SO-OCBs, it can create better service delivery and service quality, generating mutual understanding, as well as fostering innovative thinking

about providing better service in order to satisfy customer needs and wants (Podsakoff et al., 2009; Raub, 2008; Stamper & Van Dyne, 2001; Yen & Niehoff, 2004).

Previously, customer contact employees merely comply with the job description and follow job scope and pay inadequate attention to service quality (Ma & Qu, 2011). Presently, organizations are aware that customer contact employees are required to undertake SO-OCBs which go above and beyond their job description as well as customer-centric in order to provide distinction services to the customer (Ma et al., 2013; Tang & Tang, 2012). Recently, some scholars commented that OCBs are changing (Dalal, Bhave & Fiset, 2014) and it is relying on time, constant change and continuous process (Bolino et al., 2012).



In order to gain sustainable competitive advantage, firms are required to facilitate functional areas, concerning and sensitive to their firm's personnel, especially those who provide services to customers in a firm. In other words, cooperation and coordination of employees from the different functional areas can impose cultural norms and stimulate customer contact employees to perform an extra - role behavior towards the organization as well as facilitate innovativeness and creativity (Sethi, Smith, & Park, 2001).

Personnels in a firm need to be customer-centric. For the purpose of accomplishing long-term success, a firm requires paying attention to the needs of

customers (Deshpandé, Farley, & Webster 1993; Kotler, 2000). Without customers, a firm is unable to survive. For the purpose of achieving organizational successes, it depends on building a long-term relationship with the customer through gaining customer loyalty and trust. This can only happen if the organization has a broad understanding of customers' needs and gain a customer satisfaction (Kanyan, Andrew, Ali, & Beti, 2015).

Past studies of service marketing indicated that the practices of SO-OCBs will influence job satisfaction and in-character behavior (Lytle, 1994; Sparrowe, 1994; Hartline & Ferrell, 1996; Lee et al., 2001; Dean, 2004). According to Bettencour and Brown (1997), extra-role behaviors influence customers in a different manner. For example, during service encounter, a service provider provides extra and exceptional service indeed can enhance customer satisfaction and affect emotional responses positively. Job satisfaction possesses implicit and explicit influence on SO-OCBs (Bajpai & Holani, 2011; Bowling & Hamond, 2008; Lepine, 2002; Somech et al., 2000; Tsui et al., 2007; Zeinabadi, 2009 & 2010).

This study attempted to focus on SO-OCBs in order to make a contribution in the service industry. The main purpose of encouraging SO-OCBs among employees from a marketing perspective is to increase perceived service quality and customer satisfaction. Therefore, this study will examine the factors influencing SO-OCBs in the service industry.

1.2 BACKGROUND OF THE PROBLEM

Recently, hospitals receive many complaints from patients of both public and private health care centers that will definitely influence the hospitals' image and reputation. The main categories of complaints comprise of standard of care, communication, as well as organization or logistics (Wong, Ooi, & Goh, 2007). The subcategories of complaints related to health care systems include includes the aspect of treatment, communication, access, bureaucracy, finance and billing, quality care, error in diagnosis, environment, medication errors, respect, dignity, and caring, staff attitudes, skills and conduct, delays, patient-staff dialogue, patient rights, service issues, communication breakdown, and etc. (Reader, Gillespie, & Roberts, 2014). Health care institutions confront with challenges that same as other service-oriented institutions which requiring high-quality services such as courtesy and conscientiousness (John, Olaleke, & Omotayo, 2014).

There are several issues related to SO-OCBs. The first issue is the OCBs of nurses declines as tenure increases. With regard to OCB, early in careers of nurses, there is a strong alignment with the organization's value. The vital issue is hospital management need to be aware that there is a need to maintain high levels of OCBs amongst nurses over time because it can ensure that perceptions of organizational values do not decline. Prior research stated that the tendency for nurses to perform less in discretionary behaviors beyond five years of service links directly with the issues that Cresswell (2010) and Insight (2011) raise regarding long waits for treatment, work in poorly maintained

and/or old facilities, and the increasingly bureaucratic system (Cavanagh, Fisher, Francis, & Gapp, 2012).

Secondly, the issue concern about OCBs is considered to be an in-role or extra-role behavior (Daly, DuBose, Owyar-Hosseini, Baik, & Stark, 2015). The past studies normally take OCBs as extra-role behavior beyond the job requirements (e.g. Farh, Podsakoff, & Organ, 1990; Neihoff & Moorman, 1993; Organ & Konovsky, 1989). Nonetheless, based on the study conducted by Wanxian and Weiwu (2007), the studies revealed that service personnel are more likely to take OCBs as in-role rather than extra-role. Therefore, bringing OCBs explicitly into the formal reward system is a vital issue for both future management research and practice.

In addition, the issue of OCB seems critical are health and treatment services centers. In health care service industry, treatment and hospital systems are continuously experiencing new changes which affect the patient care delivery. Nonetheless, a lot of hospitals are unable to confront with these changes and if service personnel especially nurses possess a higher level of OCBs, these organizations would able to remain competitive. To strengthen the point, OCBs is said to be can sustains reinforcement in creativity and improvement through meeting the new requirements of the organization and the clients (Taghinezhad, Safavi, Raiesifar, & Yahyavi, 2015).

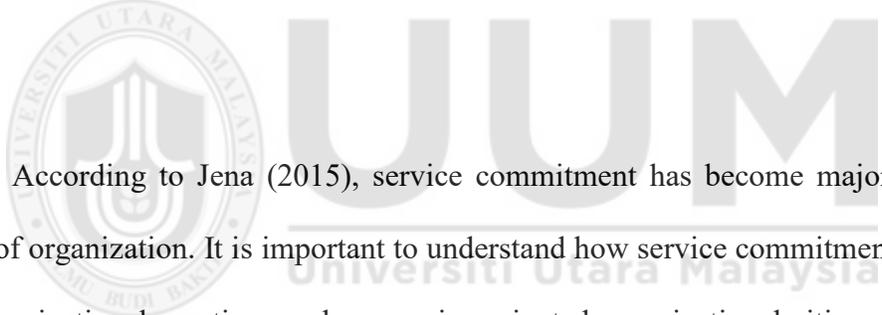
The antecedents of organizational citizenship behaviors (OCBs) can be grouped into four classes which are task characteristics, organizational characteristics, leadership behaviors and individual characteristics (De León & Finkelstein, 2011). Regarding individual and organizational characteristics which are considered as internal characteristics, the role of dispositional variables has been found to be omitted in previous studies (De León & Finkelstein, 2011). Therefore, this study addresses the problem of individual characteristics such as perceived organizational support (POS), job satisfaction, and also service commitment which would be arisen if an organization neglects this aspect.

Perceived organizational support (POS) has generated worldwide interest and significance thought into the organization. In previous studies, it indicated that an organization tries to build the belief of employees by applying employee benefits to show that the organization values the contributions of employees and concern about their welfare (Eisenberger et al. 1986; Muse & Wadsworth 2012). Nevertheless, other authors pointed out that despite good benefits, an employee might still feel dissatisfied if he or she is experiencing procedural injustice (Lind & Tyler, 1988). Therefore, it is vital to understand the level of perceived organizational support of employees, which may influence the employee behaviors.

In an organization, there is an existence of multiple climates at the same time (Schneider, Gunnarson & Niles-Jolly, 1994). A good service climate in hospitals occurs when there is an integration of sharing perceptions among nurses about the essence of service in their organization (Abdelhadi & Drach-Zahavy, 2012). According to Tang and Tang (2012), one of the factors that were found to enhance customer-contact employees' SO-OCBs is service climate. Previous research indicated that there were limited attentions about supervisory support climate on service-oriented organizational citizenship behaviors (SO-OCBs).

If there is an equality between the contributions of employees and incentive which perceived by employees, the job dissatisfaction reduces (Chimanikire et al., 2007; Schermerhorn, Hunt, & Osborn, 1994; Williams, 1998). Many nurses decided to leave the profession and exhibits poor morale as well as treating the patient poorly due to dissatisfaction and finally lead to the increase of financial expenditure (Hayes, Bonner & Pryor, 2010). Many countries are now concerned about the nursing shortage and high turnover recently as it will affect the delivery system to achieve efficiency and effectiveness in hospital. In relation to job satisfaction, recruiting and retention of nurses are considered persistent problems (Lu, Barriball, Zhang, & While, 2012). It is vital to understand the factors that affecting job satisfaction which can lead to nurse retention. Thus, the relationship between job satisfaction and SO-OCBs is further explored in this research.

Currently, global trend has been seen to shift from industrial production to service orientation. Therefore this stimulates the research and theory development in order to provide better quality service in a more comprehensive way (Gheysari, Kamali, Mousavi, & Roghanian, 2013). Recent studies found out that organizational service orientation plays a vital role in order to sustain its organization competitive advantage (Gheysari, Kamali, Mousavi, & Roghanian, 2013). However, several organizations perceived that service orientation is tough to bypass such as to build good relationship with customers (Di Mascio, 2010; Homburg, Hoyer, & Fassnacht, 2002; Lytle, Hom, & Mokwa, 1998; Tian, Li, & Yang, 2012). There is insufficient academic research that examined organizational service orientation.



According to Jena (2015), service commitment has become major issues in all kinds of organization. It is important to understand how service commitment can improve the organizational practices such as service-oriented organizational citizenship behaviors (SO-OCBs). Due to the nursing shortage in Malaysia, service commitment of nurses become essential for retaining nurses in the hospital. However, stimulating commitment and loyalty among employees have become a significant challenge for Malaysian organizations (Lo, Ramayah, Min, & Songan, 2010). When the turnover of nurses is high, it can negatively affect the capacity of the organization to continuously perform good patient care. Besides that, there is the inadequate study of service commitment and the level of service commitment is considered uncertain among nurses in Malaysia as well as the knowledge about service commitment in Malaysia is required to further studied (Lee, Bunpitcha, & Ratanawadee, 2011).

1.3 PROBLEM STATEMENT

The majority of researchers pays attention to a limited range of possible antecedents in spite of the growing interest in organizational citizenship behaviors (OCBs) (Mohammad, Quoquab Habib, & Alias, 2011). Therefore, this study is designed to cover five variables, which include perceived organizational support (POS), service climate, job satisfaction, Organizational Service Orientation (OSO), and service commitment.

There are arguments regarding demographic characteristics can affect the SO-OCBs of workers. Based on the study conducted by Farrell and Finkelstein (2007), the authors pointed out that the general results revealed that SO-OCBs were expected more of women than of man. Past study showed that workers in public sector organization will tend to exhibit more OCBs as compared to private sector organization and the results indicated that there is significant difference between public and private sector organization. It probably due to organization competitiveness of private sector organization is higher than public sector organization which would lead private sectors' workers show less OCBs as compared to public sector organization (Sharma, Bajpai, & Holani, 2010).

Besides that, previous study has been carried out to examine whether religion will affect SO-OCBs. The study revealed that the outcomes between religion and dimensions of OCBs are partial support (helping, conscientiousness, courtesy, civic virtue and one dimension is not supported (sportsmanship). All of the results revealed that intrinsic

religiosity generally had a positive relationship with the dimensions of OCB, except sportsmanship (Ivy, 2014).

Based on the prior study, the results supported that older service personnel are more willing to perform SO-OCBs as compared to younger service personnel. Besides that, this study also revealed that the shorter the employees' length of service time, the less positive behaviors such as SO-OCBs they will show towards the organization (Mohammad, Quoquab Habib, & Zakaria, 2010).

Poor perceived organizational support will affect the level of employee satisfaction and demotivated to perform SO-OCBs. Performance appraisal and incentives are important to provoke employees in performing good quality of service delivery and motivate them to perform service-oriented organizational citizenship behaviors (SO-OCBs) (Chuang & Liao, 2010).

There is a relationship between service climate and organizational citizenship behaviors (OCBs) (Schneider, Ehrhart, Mayer, Saltz, & Niles-Jolly, 2005). Most of the studies supported that employees who experience positive service climate in the workplace are prone to offer best customer services to their customers (Liao & Chuang, 2007; Schneider, White, & Paul, 1998).

In past research, the findings indicated that job satisfaction is positively related to service-oriented organizational citizenship behaviors (SO-OCBs). Job dissatisfaction leads to unwilling to perform SO-OCBs, as Organ and Ryan (1995) pointed out that job satisfaction as an emotional status and its essence was the attitude which results in the occurrence of OCBs. The attitude had a strong explanation for OCBs (Podsakoff et al., 2000), one factor that has the strongest influence on OCBs is job satisfaction (Konovsky & Pugh, 1994; Moorman, 1991; Fassina et al., 2008). It is very unlikely that an employee in an organization will perform an extraordinary service when he or she is unsatisfied with the work (Rogers et al., 1994). There are several elementary organizational behavior constructs such as job satisfaction and organizational citizenship behaviors (OCBs) that receive insufficient attention (Li, Liang, & Crant, 2010).

Little attention has been paid to organizational activities (Podsakoff et al., 2000; Mackenzie et al., 2001). Organizational service orientation (OSO) is built up of various activities that trigger the interest of study about which activities are the most motivating factor that stimulates job satisfaction and service-oriented organizational citizenship behaviors (SO-OCBs). However, these relationships have received inadequate investigation in the service industry.

According to Jena (2015), the findings indicated that affective commitment is highly correlated with every type of commitment. This statement has been supported by another study, which pointed out that affective commitment has become a significant predictor of organizational citizenship behavior. Findings revealed that if the affective commitment is high, it leads to high service-oriented organizational citizenship behaviors (SO-OCBs). There is no significant relationship between continuance commitment and voluntary absence from work (Somers, 1995). A positive relationship has been found between commitment and personal characteristics, for example, age (Mathieu & Zajac, 1990), length of service in an organization (Luthans, McCaul, & Dodd, 1985), as well as marital status (John & Taylor, 1999). However, commitment is negatively associated with the level of education of employees (Glisson & Durick, 1988). Another study pointed out that commitment is affected by perceptions of organizational importance to the social and personal development of each employee (McFarlin & Sweeny, 1992).

Towards this end, there is a need to carry out this study to fill the gap in the literature on how factors can affect service-oriented organizational citizenship behaviors (SO-OCBs). Specifically, this study will attempt to determine the influence of perceived organizational support (POS), service climate, job satisfaction, organizational service orientation (OSO), and service commitment to service-oriented organizational citizenship behaviors (SO-OCBs).

1.4 RESEARCH OBJECTIVES

1.4.1 Main Objectives

This study aims to examine the factors that influence service-oriented organizational citizenship behaviors (SO-OCBs) in the health care service industry in Penang, Malaysia. It intends to examine the relationship between independent variables (perceived organizational support (POS), service climate, job satisfaction, organizational service orientation (OSO), and service commitment) and the dependent variable (service-oriented organizational citizenship behaviors).

1.4.2 Specific Objectives

The specific objectives of this study are as follows:

- i. To determine the significant difference in SO-OCBs between genders and employment sector among nurses at the hospital.
- ii. To determine the significant difference in SO-OCBs among nurses between age groups, ethnic group, religion, marital status, highest educational level, length of service, and categories of nurses at hospitals.
- iii. To examine the relationship between perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction towards SO-OCBs among nurses at the hospital.

- iv. To determine the influence between perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction towards SO-OCBs among nurses at the hospital.

1.5 RESEARCH QUESTIONS

In order to achieve the objectives as mentioned above, this study attempts to answer the following research questions:

- i. Is there any significant difference in SO-OCBs between gender and employment sector among nurses at the hospital?
- ii. Is there any significant difference in SO-OCBs among nurses between age group, ethnic group, religion, marital status, highest educational level, length of service, and categories of nurses at hospitals?
- iii. Is there any significant relationship between perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction towards SO-OCBs among nurses at the hospital?
- iv. Is there any influence between perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction towards SO-OCBs among nurses at the hospital?

1.6 THE VARIABLES OF THE STUDY

According to Kaur (2013), a variable is any objects which take on different values. The independent variable is defined as the antecedent whereas dependent variable is considered as the consequent (Kaur, 2013).

1.6.1 Dependent Variable

The dependent variable of this study is service-oriented organizational citizenship behaviors (SO-OCBs).

1.6.2 Independent Variables

The independent variables in this study are perceived organizational support (POS), service climate, job satisfaction, organizational service orientation (OSO), and service commitment.

1.7 SIGNIFICANCE OF STUDY

This study helps management in hospital to have a better understanding of the voluntary commitment of a person and ensure the organizational effectiveness. A service-oriented organizational citizenship behavior (SO-OCBs) is important as it contributes to the overall success of the organization.

Theoretically, scholars or academicians obtain information and knowledge in the area of organizational citizenship behaviors (OCBs) from the empirical research and thus making improvement in their management. OCBs can be beneficial to the organizations in the aspect of social capital's development as well as act as lubrication of social machinery in the organization, and therefore facilitating the effective functioning of the organization (Bolino, Turnley, & Blood-good, 2002; Organ, Podsakoff & MacKenzie, 2006; Podsakoff & MacKenzie, 1997).

On the other hand, SO-OCB is vital as it can encourage nurses to use these behaviors to maximize performance and definitely is beneficial to the organizations. Employers can view the results and can comprehensively understand the influence of this research. This study may help the management in hospitals to increase support as well as the commitment of nurses. The management team can reward nurses who contribute to the organization, concern for nurses' well-being and can also improve training strategies in order to improve the work-related skills of nurses. Besides that, examining the antecedences that influence SO-OCBs also can generate nurse satisfaction towards the organizations. When SO-OCBs are nurtured in the organization, nurses will increase their job performance. Fostering SO-OCBs in the workplace can also enhance employees' experiences and reduce the turnover intentions. As a whole, SO-OCBs is essential as it can increase the patient satisfaction and the performance of the organization.

Practically, this research also provides knowledge for practitioners regarding the application of SO-OCBs in the organization. With a better understanding of factors affecting SO-OCBs, the management team of the hospital could apply this knowledge in organizing, leading, controlling as well as analyzing decision so that the performance of the nurses can be improved. Furthermore, this study can also practically assist hospitals management team in guiding nurses to generate a conducive and supportive workplace which can strengthen the loyalty of nurses in the hospital.

This study would be beneficial to the society especially in health care services because it can open doors to maintain and increase the performance of hospitals. Through this research, it can aid hospitals to enhance the needs of nurses as well as to create the awareness of managers to concern about perceived organizational support (POS), service climate, job satisfaction, organizational service orientation (OSO), and service commitment in hospitals. Ministry of health can also gain advantages from this research by examining the factors affecting service-oriented organizational citizenship behaviors (SO-OCBs) among nurses. This study can generate a comprehensive understanding about the needs of nurses as well as concern about their feelings. On the other hand, this research enables the organizations to identify the factors influencing service-oriented organizational citizenship behaviors (SO-OCBs) which are a useful insight into the organization in gaining competitive advantage as compared to organizations which do not have the practices of SO-OCBs.

1.8 CHAPTER CONCLUSION

In this chapter, the five factors that influence service-oriented organizational citizenship behaviors (SO-OCBs) were being discussed. The significance of the study has been highlighted and discussed. Additionally, the research objectives, and research questions of the study have been outlined.



CHAPTER 2

LITERATURE REVIEW

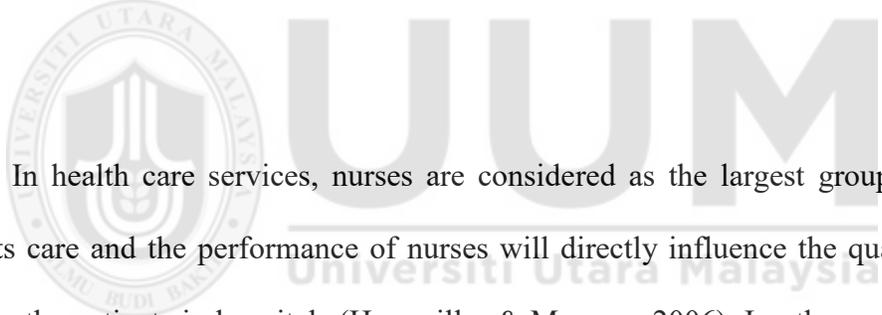
2.0 CHAPTER INTRODUCTION

In this chapter, it provides general conceptualizations of the main variables. This section discusses service-oriented organizational citizenship behaviors (SO-OCBs), perceived organizational support (POS), service climate, job satisfaction, organizational service orientation (OSO), and also service commitment.

2.1 SERVICE-ORIENTED ORGANIZATIONAL CITIZENSHIP BEHAVIORS

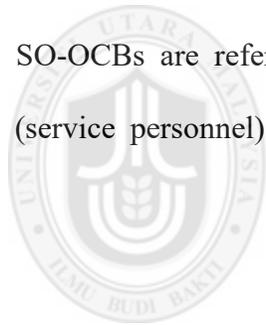
The study of organizational citizenship behaviors (OCBs) has been carried out in diverse areas in the past two decades (Podsakoff, MacKenzie, Paine, & Bachrach, 2000). Nevertheless, limited studies have been done in hospitals and also inadequate focus on nursing contexts (Tsai & Wu, 2010). Previous studies suggested that further proof should be investigated on the relationship between OCBs and different conceptual models should be developed, as well as find out mechanisms which are feasible to improve citizenship behaviors in the organization (Organ, Podsakoff & MacKenzie, 2006). Therefore, understanding the concept of OCBs extensively and endeavoring extra- role behaviors is vital for hospital administrators (Bolon, 1997) as every organization is expected to be high-performance organization.

Due to complex and competitive business environment, hospitals that fail to restrict organizations' nurses to perform as common efforts of the nurses mostly could not display outstanding performance and thus hospital need nurses who willing to go above and beyond job description (Morrison, 1994 as cited in Sahafi, Danaee, Sarlak and Haghollahi, 2013). Nurses, doctors, and supporting staffs are a fundamental part in affecting the quality of health care in hospitals (Boaden, Marchington, Hyde, Harris, Sparrow, Pass, Carroll, & Cortvriend, 2008). Customers always decide whether to patronage the services of the organization in future by assessing the quality of services that is provided by the frontline employees (Gavino, Wayne, & Erdogan, 2012) such as the interactions between nurses and patients.



In health care services, nurses are considered as the largest group that provide patients care and the performance of nurses will directly influence the quality of health care for the patients in hospitals (Hassmiller & Maureen 2006). In other words, hospitals have to strengthen patient care services and OCBs of nurses as they are the person who provides services to patients on behalf of hospitals. This action will lead to high patients' satisfaction and improve competitive edge (Chang, Chen, & Lan, 2011). Nurses who are willing to go beyond the call duty such as assisting and guiding colleagues, participating and alerting the information about the organization, pointing out and providing encouragement for others, giving voluntary commitment to take extra responsibilities, and supervisors are more favorable to evaluate their nurses when they are involved in extra-role behaviors (Bateman & Organ, 1983, Whiting, Podsakoff, & Pierce, 2008).

According to Organ (1988), OCBs can be described as individual behavior which is discretionary and not directly awarded by the formal reward system and it is vital to ensure the efficiency and effectiveness of an organization. Organ (1997) further elaborated that OCBs is the behaviors of service personnel such as nurses who put extra effort in maintaining, enhancing, and supporting task performance in the contexts of social and psychological. In fact, SO-OCBs is dissimilar from general OCBs. SO-OCBs can be specified as the discretionary behaviors of service personnel which go above and beyond their formal job description during servicing customers (Bettencourt & Brown, 1997). Since there is a conceptual difference between SO-OCBs and general OCB, several studies have conducted research specifically on SO-OCBs (Jiang, Sun, & Law, 2011). SO-OCBs are referred as citizenship behavior such as extra role behavior of nurses (service personnel) toward patients (customers) (Tang, Tang, Tsaur, & Tsaur, 2016).



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The level of task interdependence in health care service industry is high and hospitals are facing job tasks which are complex and uncertain (Hyde, Harris, & Boaden, 2013). Therefore, employees in the hospitals, especially nurses are required to be spontaneous in service delivery as they are the persons who are facing the patients. SO-OCBs is considered crucial in service encounters as it is difficult to point out the whole steps in advance and service personnel is required to cope unpredictable request from patients. SO-OCBs is important in health care service for several reasons such as helping behaviors help colleagues and hospitals to run the organizations effectively that give direct impact on patient outcomes (Bell & Mengruc, 2002). Next, team-based work

structures and individual cooperation are required in delivering health care service. Besides that, maintaining the social system of hospitals is the contribution of SO-OCBs to the performance of organizations. According to Lee (2001), even though there is standardization of skills in delivering patients' care, it is difficult to integrate exactly and predict the skills' sequence in advance and thus ad hoc solutions are required to solve specific tasks upon requests.

There are 5 dimensions of OCBs which proposed by Organ (1988) and commonly used in research (Varela González, & García Garazo, 2006). The dimensions include altruism, courtesy, sportsmanship, civic virtue, and conscientiousness. However, the dimensions which were proposed by Graham (1991) has been adopted in this study as these dimensions conform to the fundamental aspect of customer-contact employees (Bettencourt, Meuter, & Gwinner, 2001). According to Wang (2010), there are 3 dimensions of SO-OCBs which cover loyalty, participation and also service delivery OCBs that use to measure OCBs in understanding patients' perceptions of service quality and satisfaction. Firstly, organizational loyalty behavior of nurses is important as they are the representatives of the hospital to patients. Secondly, organizational participation in terms of providing necessary information about patient needs and giving suggestions on how to improve on service delivery. Next, nurses should perform jobs conscientiously and abided by hospital's rules and regulations, and at the same time, they need to be able to adapt to the individual patient needs.

The development of SO-OCBs could be beneficial to organizations because it is related to job performance as well as gaining competitive advantage (Nemeth & Staw, 1989). In fact, grooming of SO-OCBs can avoid Deviant Workplace Behaviors (DWB) and improve collaboration, information sharing, as well as building a sense of responsibility among the nurses in the organization (Cetin, 2004). Therefore it can enhance motivation and also satisfaction among employees. Besides that, fostering SO-OCBs can develop communication and cooperation which are more transparent among nurses of the health care and the management team and thus make an improvement on the quality and satisfaction of patient care (Ozdevecioglu, 2003; Velez, 2006). If organizations encourage organizational citizenship behaviors among their employees, it definitely can enhance the talent of managers and coworkers, utilizing resources effectively and efficiently, improving interdepartmental cooperation, enhancing organizational capabilities, as well as assisting the organization in handling environmental changes and challenges (Jordan, Schraeder, Field, & Armenakis, 2007).

2.2 PERCEIVED ORGANIZATIONAL SUPPORT

Perceived organizational support (POS) can be described as individuals' "global beliefs concerning the extent to which the organization values their contributions and cares about their well-being" (Eisenberger, Huntington, Hutchison, & Sowa, 1986, p. 501). Eisenberger and colleagues defined POS as the extent of workers feel their employers care about their well-being and value their contribution to the organization (Eisenberger et al., 1986). The emotional commitment of workers can be explained by POS

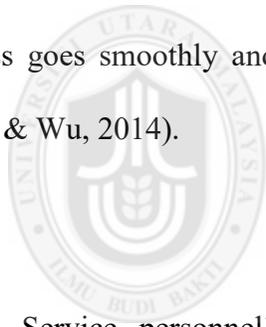
(Eisenberger et al., 1986). According to Parzefall and Salin (2010), employees will struggle to help their organization accomplish its objectives whenever they perceived the support and commitment from organizations to meet socio-emotional and explicit needs. Workers will repay treatment which is beneficial to the organization in order to display their appreciation, assuring sustainable exchange relationship, as well as they think that they have such obligation to return good performance to the organization (Eisenberger et al., 1986, 1990, 2001, 2004). Constantly, the results that related to POS exhibited positive impact in the aspect of job satisfaction, OCBs, organizational commitment, job performance, as well as decreased withdrawal behaviors, for instance, turnover, tardiness, and intentions to leave (Rhoades & Eisenberger 2002; Riggle et al. 2009; Shanock & Eisenberger 2006).



2.2.1 Perceived Organizational Support (POS) and SO-OCBs

Wang (2009) carried out a longitudinal study and the result indicated that perceived organizational support is positively related to SO-OCBs and service climate is found to improve this relationship. According to Gouldner (1960), workers will comply with the norm of reciprocity to reciprocate the organization, and effort and contribution that being provided by workers are based on the amount of organizational support that perceived by them (Eisenberger et al., 2001; Gouldner, 1960). The reinforcement of the positive exchange relationship will build up performance-reward expectancies for workers as well as organizations (Eisenberger et al., 1990, 2004; Shore & Shore, 1995).

Workers repay the organizations as they have the expectation that such behaviors will gain future rewards from the organizations such as continuously gaining organizational support (Eisenberger et al., 1990). In a direct manner, workers may enhance their positive job attitudes such as organizational commitment and job involvement; improvement of in-role performance; and withdrawal behavior can be reduced (Rhoades & Eisenberger, 2002). On the other hand, workers may repay the organizations indirect way (Lester et al., 2008; Shanock & Eisenberger, 2006; Tepper & Taylor, 2003) which means that from other workers to return to the organization. Involving in extra-role behaviors are the example to exhibit reciprocation such as assisting colleagues to perform their work assignments which can ensure the work process goes smoothly and finally enhance the organization effectiveness (Hu, Wang, Yang, & Wu, 2014).



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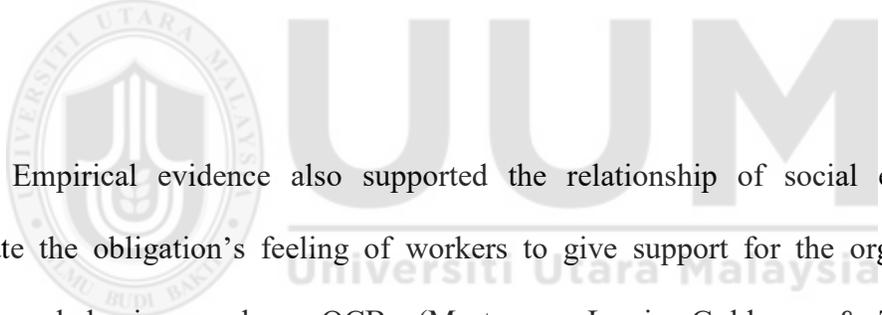
Service personnel's perception towards organizational support indeed acts importantly in deciding work attitude of employees, which give advantages to the organization (Eisenberger, Fasolo, & Davis-LaMastro, 1990). In other words, the support of the organizations is essential as workers will attempt to balance their work attitude depends on supportive action given by the organizations (Ko & Hur, 2014). Honorable, protection and acknowledgment are the feeling of workers when they have the perception of gaining support from their organization and meanwhile, workers increase in helping behaviors, identification, gratitude, and also reducing intention to quit (Chiang & Hsie, 2012). The terms that often use to explain the instrument which motivates a person's

perception of organizational support are social exchange theory and reciprocity (Allen, Shore, & Griffeth, 2003; Anand, Vidyarthi, Liden, & Rousseau, 2010).

Corresponding to social exchange theory, one of the antecedents of SO-OCBs is perceived organizational support (Coyle-Shapiro, Morrow, & Kessler, 2006). According to Eisenberger et al. (1986), when a person perceived his or her organizations as supportive, in return, he or she will be more supportive towards the organization within the framework of social exchange as stated by Blau (1964). Eisenberger and Stinglhamber (2011) indicated that such supportive behaviors can be seen through job performance improvement and workplace deviance can be reduced. Organizational support can be perceived by workers through political procedures which are impartial (Cropanzano, Howes, Grandey, & Toth, 1997), supervisory support (Kottke & Sharafinski, 1988), as well as rewards and comfortable working ambience (Shore & Shore, 1995). One of the vital elements of the social exchange process is POS in which nurses believe that they will gain rewards and accomplishment being valued, and at the same time hospital trusts that nurses will have high performance at the workplace (Shore & Wayne, 1993).

A person who displays high POS may increase the sense of obligation towards the organization, organizational participation (Eisenberger, Armeli, Rexwinkel, Lynch, & Rhoades, 2001) to illustrate reciprocation for the organization, and withdrawal behaviors can be diminished (Allen and Shanock, 2013; Shore & Wayne, 1993). Previous studies

explained the reasons of job satisfaction motivate OCBs through social exchange theory (Thibaut & Kelley, 1959). Social exchange theory is a social psychological theory which suggested that reciprocity happens where certain resources being offered by a group and the other group returns in a similar way. In such exchange, resources such as pay, benefits, fair treatment from the supervisor will be given to workers and at the same time, reciprocation occurs where workers improve their extra-role behaviors and participate in OCBs (Kabasakal, Dastmalchian, & Imer, 2011). Besides that, social exchange theorists also pointed out that if workers are performing voluntary actions relative to mandatory actions, the resources that are received will be highly valued by workers (Shore & Shore, 1995).



Empirical evidence also supported the relationship of social exchange can generate the obligation's feeling of workers to give support for the organization via voluntary behaviors such as OCBs (Masterson, Lewis, Goldman, & Taylor, 2000; Moorman, Blakely, & Niehoff, 1998). In addition, POS mostly creates workers' obligation to put attention on the prosperity of the organization and also aid in achieving the goals of the organization (Chew & Wong, 2008; Dhar, 2012; Eisenberger, Armeli, Rexwinkel, Lynch, & Rhoades, 2001). According to Chang (2015), the result of the study revealed that the perception of organizational support may generate the sense of belongingness, and thus it can assist in improving the job satisfaction and organizational commitment of nurses.

POS has become the main predictor of organizational commitment (Eisenberger et al., 1986). Many past studies have shown the relationship between POS and organizational commitment (Makanjee, Hartzer, & Uys, 2006; Muse & Stamper, 2007; Panaccio & Vandenberghe, 2009). Robbins and Judge (2007) stated that they believed POS can influence work behaviors which are helpful to the organization and also foster organizational commitment of workers (Eisenberger, Armeli, Rexwinkel, Lynch, & Rhoades, 2001; Hutchison & Garstka, 1996).

2.2.2 Gaps between POS and SO-OCBs

In management literature (e.g., Rich et al. 2010, Agarwal 2014, Shen et al. 2014, Bolino et al. 2015), previous studies that indicated the relationship between perceived organizational support (POS) and organizational citizenship behaviors (OCBs) are inadequate in the health care industry context (Brunetto et al. 2013, Gillet et al. 2013, Shacklock et al. 2014, Trybou et al. 2014). Therefore, this study attempts to address this gap. In short, if the level of POS of nurses is high, the higher the job satisfaction and organizational commitment among nurses it would be.

2.3 SERVICE CLIMATE

Service climate is the perceptions of workers regarding organizational policies, practices, and procedures that facilitate a climate which envisages and encourage customer service. According to Schneider (1990), there are many types of organizational climates such as service climate, safety climate, and ethical climate. Service climate is a specific subset of organizational climate (Mechinda & Patterson, 2011). Service climate is a climate that discussed in the context of service environment (Schneider, 1980; Schneider et al., 2006; Steinke, 2008; Little & Dean, 2006; Walker, 2007). When service climate is perceived to be low, customers may characterize the organizational citizenship behaviors to altruistic motives (Chan, Gong, Zhang, & Zhou, 2017). This will lead the customers to have a strong identification with the employees as compared to the organization. Service climate can be explained as shared perceptions of workers regarding policies, practices, and procedures which are rewarded, supported, and expected relating to customer service (Schneider, Salvaggio, & Subirats, 2002). Tang and Tang (2012) stated that service climate can improve SO-OCBs of first-line personnel.

Service climate can help an organization to maintain its competitive boundary as service personnel deliver satisfactory customer experience and hence to market as well as financial performance indexes. If all of these aspects are well-managed, competitors are difficult to imitate service climate of other organizations (Bowen & Schneider, 2013). The service climate of an organization will become more fit if workers perceived that they are remunerated when they provide quality service. Organizations can offer essential

support for workers in terms of resources, training, managerial practices, and assistance to generate a climate for service in executing tasks effectively (Schneider, White, & Paul, 1998). Besides that, the perception of workers about customer service is related to management would be advantageous to the service climate of the organization (Schneider, Salvaggio, & Subirats, 2002).

Nevertheless, Salanova et.al (2005) argued that management practices alone are inadequate to provoke the service climate though it composes an inevitable condition. Consequently, service climate covers a wider scope, such as organizational commitment and service quality. It is vital to increase motivation in the management team and paid particular attention to employee participation in order to develop a positive service climate. The positive service climate that exists in the organization can facilitate the alignment between the attitudes and behaviors of workers and organizational strategy and attaining the goals of service quality because of managers unable to inspect the interaction between employees and customers (Schneider, 2004). According to Schneider (1975), there is a linkage between climate and organizational environment factors such as service climate. In order to enhance a positive service climate, the strategy that emphasizes on internal and external client needs should be prepared and therefore it implies that how important customer service is to the organization (Schneider, Salvaggio, & Subirats, 2002).

Several past studies supported that positive service climate can generate a higher level of service quality in organizations (Schneider, 1980; Tornow & Wiley, 1991; Wiley,

1991; Johnson, 1996). Concerning about worker satisfaction, commitment, and other behavioral and performance-related factors, fulfill customer needs, perceived service quality and loyalty are essential when planning and managing the working environment. In fact, service climate builds upon individual workers' perception that definitely can affect the behavior of an individual's behavior (Bagozzi, 1992).

According to Schneider and Bowen (1993), there are several practices that are stimulating the organization to provide high-quality service and ensuring the working environments are supportive. In this study, the components of service climate that proposed by Shainesh and Sharma (2003) have been utilized which consists of customer orientation, managerial practices, and customer feedback. Day (1994) described a customer orientation as always putting customer interests in a top priority, customer information have been applied and result in changes that beneficial to customers, and such information are required to be interpreted in systems that comprise the customer feedback's elements which recommended by Shainesh and Sharma (2003). Moreover, managerial support is involving the immediate manager and worker which means that immediate manager put effort to support and rewards the workers who deliver quality service. Besides that, work facilitation can be described as the entire workplace ambience which cultivates quality service delivery. The practices include rewards and recognition and other human resource practices, instruction, as well as cooperation among colleagues. The empirical result showed that each dimension indicated the different effect on customer satisfaction. The results revealed that customer orientation affecting in customer satisfaction directly and positively. Meanwhile, managerial support and work

facilitation have a positive influence on customer satisfaction indirectly and these can be performed by enhancing the commitment of workers.

In an organization, it usually exists multiple climates at the same time and climate is considered as a designated form which possesses a referent such as service (Schneider, Gunnarson & Niles-Jolly, 1994). In hospitals, there is the presence of service climate when the integration of shared perception occurs among nurses and eventually turn into a theme that reveals the extent of service is essential to the hospital (Abdelhadi & Drach-Zahavy, 2012). Service climate exists if there is mutual consent in the manner to behave in a different setting as well as varying customer populations (Hui, Chiu, Yu, Cheng, & Tse, 2007).

Today, the service role behaviors of nurses inclined to change the job environment such as in term of the scheduling conflict and matron from time to time may neglect the service encounter due to changing demands of customers (Schneider, Macey, Lee, & Young, 2009). There is actually a connection between strengthening service climate and quality service behaviors of workers such as empathy, courtesy, and OCBs towards customers (Salanova & Agut, 2005; Schneider, Ehrhart, Mayer, Saltz & Niles-Jolly, 2005; Dimitriades, 2007; Hui et al., 2007).

2.3.1 Service Climate and SO-OCBs

Organizations should put a concern in patients (customers) and also nurses (service personnel). This means that services practices and policies are required to be customer-oriented and should treat and support nurses in a good manner respectively (Mechinda & Patterson, 2011). If organizations (hospitals) exert an essential theme of excellence service, it would result in a positive service climate (Dietz, Pugh & Wiley, 2004). When improvements have been made on employee-customer interaction and service climate, it can generate OCBs and definitely brings to customer loyalty (Nadiri & Tanova, 2010).

In this study, it displays two theoretical interpretations regarding how service climate influences the behaviors of the nurses. The two theoretical explanations are ‘managerial’ and ‘fit’ arguments. Managerial argument pointed out that the values in terms of socially and organizationally will create certain kinds of management practices and eventually have an impact on the perception of workers about the work ambience and the behaviors that are anticipated, appreciated, and rewarded in the organization specifically ward in the hospital (Borucki & Burke, 1999). On the other hand, ‘fit’ argument supported that workers are looking for harmonizing environment (Smith-Crowe, Burke & Landis, 2003) which means that workers will search information about appropriate and acceptable behaviors from the work environment. After all, if there is an alignment of organizational policies and practices where the organization-promoted climate is clearly defined, it will lead workers to understand what elements are essential and exhibit to a greater extent of role-fit behaviors (Schneider 1975, Burke, Borucki & Hurley, 1992).

2.3.2 Gaps between Service Climate and SO-OCBs

Although there are vigorous previous research that illustrated a positive relation between service climate and customer satisfaction in the industry of non-health care (Johnson, 1996; Schneider, White, Paul, 1998), still limited research concerned about service climate in the health care industry set specifically in the hospital (Greenslade & Jimmieson, 2011).

2.4 JOB SATISFACTION

According to Hoppock (1935), job satisfaction can be described as workers' positive feelings regarding two aspects which include psychological and physical that related to their jobs. Job satisfaction has been defined by Porter (1962) as the perceived emotional response of workers that occurs when there is a gap between what has gained by workers from their tasks and working ambience and what workers' perceived that they deserve to get it. Churchill, Ford, and Walker (1974) further elaborated job satisfaction as the extent to which workers contend with characteristics and their jobs condition. Other authors described job satisfaction as service providers who evaluate their general emotion of their job situation as well as experience (Brown & Peterson, 1994; Karatepe, Yavas, & Babakus, 2007).

As stated by Locke (1976), the definition of job satisfaction is an emotional state which is pleasurable due to the valuation of their work. In defining job satisfaction, it comprises of two elements which are cognitive and also affective. Cognitive element is an appraisal of the employee's job, whereas affective element is the emotional state that implies about how employees perceived about their job either positively or negatively. In theoretical, job satisfaction expressed the extent of employees perceived their psychological contract are satisfied (Arvey, Bouchard, Segal, & Abraham, 1989). Besides that, Wright (2006) makes a more convincing statement and defining job satisfaction as employees' subjective response to the working conditions, coordinating their own psychology and physiology with working environment to ensure all elements work together effectively.

2.4.1 Job Satisfaction and SO-OCBs

Job satisfaction theory was initiated in the Hawthorne experiments and the study results revealed that the work behavior of workers is affected by their emotions. As discussed by Robbins and Judge (2007), the key sources which can affect job satisfaction and productivity are social and psychological factors of workers. Job satisfaction has hidden impact on numerous organizational variables such as OCBs based on past studies (Fiscua, 2004). Many previous studies indicated that there is positive relationship between OCBs and job satisfaction (Bateman & Organ, 1983; Lee & Allen, 2002; MacKenzie, Podsakoff & Ahearne, 1998; Moorman, 1993; Morrison, 1994; Organ & Konovsky, 1989; Smith et al., 1983; William & Anderson, 1991). Based on the studies of Gonzalez and Garcia

(2006), it revealed that OSO affect OCBs and also job satisfaction. Besides that, the result of Sura et al. (2005) studies indicated that service orientation is significantly related to job satisfaction. Furthermore, other studies exhibited significant result in examining the relations of customer orientation and service orientation with employee satisfaction (Keeler et al., 1999).

In hospitals, there are many different departments and units. Nurses are required worked under pressure as they need to cope with complex nursing decisions, long working hours and work in shifts as well as handling patients' requirement. Therefore, assuring nurses' job satisfaction in hospital is essential as this is a way for retention nurses who are specialized and highly trained in the hospital (Murrells, Clinton, & Robinson, 2005). In addition, William and Anderson (1991) added that both extrinsic and intrinsic job satisfaction and every single dimension of OCBs are positively related.

According to Chang (2015), job satisfaction can be categorized into internal and external satisfaction. Internal satisfaction consists of feeling of achievement, self-esteem, autonomy, feedback, and control, whereas external satisfaction includes committed supervisors and get compliments from them, harmonious relationships among colleagues, mint working ambience, welfare, high salary, and promotions. In fact, hospitals need to ensure nursing job satisfaction as it is essential to both health care providers as well as patients (Hayes, Bonner, & Pryor, 2010). According to the study of Yoon, Choi and Park (2007), high satisfaction of nurses will lead to higher motivation to deliver better patient care to cater the needs of patients. The perceiving of higher nurses' job satisfaction can

raise the morale and commitment of nurses and cause them unwilling to leave the organization (Newman, Maylor, & Chansarkar, 2001). Satisfaction of nurses can create positive patient outcomes (Adams & Bond 2000; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002) and generate higher perceived quality of care (Murrells, Clinton, & Robinson, 2005).

Job satisfaction that perceived by workers will cause them to have the willingness to cooperate in attaining the goals of the organization, workers loyal to the organization, executing tasks by the following instruction, never complain when facing hard times with their organizations, unwilling to resign, reduce boredom yet enhance interest in their task, put effort in the jobs and also proud to be the members of their organizations (Wernimont, 1972). In point of fact, job satisfaction is regarded as extremely subjective and changing corresponding to time (Cumbey & Alexander, 1998). The factors that affect the job satisfaction comprise of personal characteristics, attitudes, and behaviors (Manojlovich & Spence Laschinger, 2002). The connecting factor of economic, social, and psychological can influence job satisfaction (Penz, Stewart, D'Arcy, & Morgan, 2008). There are three major areas to measure which cover professional job characteristics, organizational attributes, effect on patient outcomes and quality of care (Kwak, Chung, Xu, & Eun-Jung, 2010). In the aspect of professional job characteristics of nurses, it covers the factors related to staffing, working hours and workload that have a significant relationship with job satisfaction (Best & Thurston, 2004; Hoffman & Scott, 2003).

There are several factors to improve the satisfaction of workers. These factors are the tools used, teamwork, managerial support, adequate training, reward and recognition, common goals, policy and procedure (Hallowell, Schlesinger, & Zornisky, 1996). Organizations must first attain high internal service quality if organizations are looking for differentiation. On the other hand, Hallowell et al. (1996) studies also stated that the elements of organizational traits which highly correlated with workers are common goal, support and assistance from superiors, and reward and recognition. Improvement of service and workers' job satisfaction should be done by effective communication in quality standards. In order to deliver quality service, there is a vital element which is the relationship of workers and managers.

According to Dnhart et al. (1992), workers will feel more involved in their tasks if they have a better understanding of the problems about the delivery process. In the context of nursing, organizational attributes, especially organizational support which is inadequate may lead to nurse dissatisfaction and burnout (Aiken, Clarke, Sloane, Sochalski, Busse, Clarke, Giovannetti, Hunt, Rafferty, Shamian, 2001). Besides that, studies exhibited that there is a direct or indirect correlation between patients' outcomes and quality of care and job satisfaction of nurses. Othman (2002) conducted a study among nurses in a health care institution found out that there are correlations between job satisfaction, organizational commitment and ethical climate and OCBs.

In fact, job satisfaction is an emotional status and the nature of job satisfaction is an attitude (Organ & Ryan, 1995). Attitude plays an important role as it leads OCBs to occur. Based on much previous research found that attitude had a strong argument for OCBs (Podsakoff et al., 2000) and job satisfaction had significant impact on OCBs (Konovsky and Pugh, 1994; Moorman, 1991; Fassina et al., 2008). On the other hand, organizational efforts can assist in achieving job satisfaction (Bateman & Organ, 1983). As reciprocation, workers are willing to take voluntary actions such as OCBs. When workers feel satisfied, they tend to have more positive emotions and influence them to perform OCBs (William & Anderson, 1991). Psychologically, higher level of job satisfaction can be attained and willingness to perform extra-role behaviors by workers if personal value is consistent with organizational value achieved (Jordan, Schraeder, Field, & Armenakis, 2007). In addition, from the point of view of Bettencourt, Gwinner, and Meuter (2001), if workers are psychologically attached to the organization, they will be more loyal to the organization, feeling pleasure in the workplace, willingly to assist co-workers, and contributing sustainable accomplishment towards the organization. Consequently, workers are more voluntarily to execute more positive OCBs. In the context of nursing, nurses who have the competency to exhibit OCBs are more likely to satisfy with their job.

2.4.2 Gaps between Job Satisfaction and SO-OCBs

Previous studies which had been carried out by Lin and Chang (2015) stated that there is a major gap in the literature review that indicated the evidence-based studies of the correlation between job satisfaction and SO-OCBs of nurses at the hospital. Therefore, this study has attempted to bridge the gap between job satisfaction and SO-OCBs in nursing context.

2.5 ORGANIZATIONAL SERVICE ORIENTATION

Service orientation can be clarified as "a set of attitudes and behaviors affecting the quality of interactions between staff and clients" (p. 68) (Liang et al., 2010). Organizational service orientation (OSO) can be described as a fundamental set of relatively long-term organizational policies, practices, and procedures which adopted by all organizations for the purpose of supporting and rewarding the person who exhibited excellent service behaviors (Lytle, Hom, & Mokwa, 1998). In other words, OSO is a set of organizational activities that planned to generate and provide excellent service delivery (Bowen & Schneider, 1988; Schneider, Wheeler, & Cox, 1992; Johnson, 1996; Lytle et al., 1998). In a service organization, OSO depicts the attitudes and behaviors of employees that will directly influence the service delivery's quality and regulate the interaction of organizations and customers (Urban, 2009). Besides that, OSO is focused on the system inside the organization and its advocates organizational changes and makes improvement in order to ensure service excellence. In addition, OSO is intent to monitor the organization and it also assists in the process of benchmarking.

The practices of OSO are positively related to the customer orientation of the organization (Saura, Contri, Taulet, & Velasquez, 2005). Customer orientation is considered as the set of beliefs that put the interests of the customer (patient) at first place. All actions which have been taken by service personnel will affect the customer (patient) experience (Susskind, Kacmar, & Borchgrevink, 2007). In selecting the service personnel of hospitals, it is essential to think about the service orientation of staffs, especially in the service organization. The concern should be put on the performance of employee service encounters (Zeithaml & Bitner, 2000). In order to attain this objective, the process of screening, hiring, training, as well as continued coaching is required to carry out properly. The development of organizational service-oriented climate can be performed by choosing high service-oriented staff to carry out the service tasks (O'Connor & Shewchuk, 1995). In fact, there is positive impact of organizational service orientation on employee satisfaction as well as the service value that perceived by hospital service personnel (Yoon, Choi, & Park, 2007). A service-oriented organization strives to deliver excellent service as the organization believes that by having outstanding performance, it can stimulate customer (patient) and employee (nurse) in perceived value. Through this way, the organization can ensure patient satisfaction which may bring to good outcomes such as gaining competitive advantages and achieve higher profitability.

Organizations need to concern about organizational service orientation as an important factor to survive in stiff competition in the market and achieve high performance. In addition, the values that the employees provide to customers are due to employees' activities that lead to the goal of the organization and not from individual activities that offered every single service by the worker (Gonzalez & Garazo, 2006).

Past studies in the field of management, marketing, and psychology have aroused the interest in service orientation in order to improve the competitiveness of the organization. There are two main perspectives of service orientation, which comprise of individual trait of service personnel and the outcomes of structure, climate, and culture of organization. There are four elements of service orientation, which are 1) service leadership, 2) service encounter, 3) service system and 4) human resource management (Lytle, Hom, & Mokwa, 1998).

2.5.1 Service Leadership

Managers play an important character as their attitudes and behaviors will lead to the shaping of the organization service (Lytle et al., 1998). According to Church (1995), the service quality and organizational performance are directly influenced by the managers' leadership behaviors in the workplace. According to Nihof and Moorman (1993), leader supervision is positively related to OCBs of workers in an organization. Besides that, workers are more willing to deliver superior service for customers if they experience excellent service that provided by managers. One of the important parts for generating

and sustain positive and effective service orientation is servant leadership as servant leaders possess service standard from their behavior as well as management styles. In corresponding with organization's service vision, service quality and customer satisfaction can be strengthened through service leadership in order to generate outstanding value for the organization (Lytle et al., 1998).

2.5.2 Service Encounter

A simple service encounter usually comprises of the foundation to evaluate the customer service quality and therefore it is critical in service orientation (Parasuraman, Zeithaml, & Berry, 1988). In service orientation, there are two major fields which include measuring the behaviors toward the customer during real interaction and assessing the authorization or empowerment of workers (Lytle et al., 1998). Giving authority for workers enable them to respond immediately to customer requirements and empowerment also shows the extent of workers' power in dealing with daily decisions about the daily activities in the workplace. Workers need to be alerted of the needs of customers when communicating with them and this theory can be measured based on how far workers' concern about the customer always comes first in their mind (Gonzalez & Garcia, 2006).

2.5.3 Service System

All modules and subsystems within the organization are covered in service system which manages the regulation of services in an organization. Moreover, as a result of service offered to customers, it creates the service system practice and service and interactive service practices refer to the feedback of customers to workers. Service systems consist of service failure prevention practice, recovery practice, service standard communication practices and high levels of service technology (p. 460) and all of these systems are required in service-oriented organization (Lytle et al., 1998). However, the investigation about the relationship of service system practice and OCBs is still less.

2.5.4 Human Resource Management

In the service orientation model, it consists of service training and also service rewards. Besides that, service quality and organizational practice have been directly positively influenced by recruiting, training, and rewarding service-oriented behavior (Lytle et al., 1998). Therefore, service-oriented human resource management represents a critical component in organizational service orientation (p. 462). In addition, there is a positive influence between human resource management and OCBs (Lee & Kim, 2010). By way of providing training plan, it actually can develop beneficial OCBs and interpersonal help can be stimulated among colleagues. According to Islami and Sayyar (2007), middle training plan and job rotation program can be applied in building workers' skills.

2.5.5 OSO and SO-OCBs

Gonzalez and Garazo (2006) found that there is the positive influence of OSO on satisfaction of workers as well as organizational citizenship behavior and OSO is essential for the development of an organization. In fact, organizational service orientation can evoke the good behaviors of workers and foster motivation that positively related to their work, for instance, developing a working ambience that arouse service-oriented is vital to improve the organizational performance (Bettencourt & Brown, 1997). As a result of organizational service orientation, it provides positive effect for organizations in terms of income, growth, customer satisfaction and loyalty (Laytl et al., 1998). Consequently, the ability to identify, understand, and measure service orientation and services practices are essential for an organization to deliver and produce excellent services. If an organization is unaware about OSO and lack of the ability in measuring and managing OSO, the organizational performance's stability may be reduced in the long run.

2.5.6 Gaps between OSO and SO-OCBs

There is limited study for organizational service orientation (OSO) of nurse personnel in the hospital. According to the study of Yung Chou and Lopez-Rodriguez (2013), future research can explore the organizational factors such as service orientation towards service-oriented organizational citizenship behaviors(SO-OCBs). Therefore, this study attempted to narrow the gap in the literature.

2.6 SERVICE COMMITMENT

Several authors define service commitment. Sheldon (1971) describes commitment as a positive evaluation of the organization and the objectives of the organization. Cater and Zabkar (2009) described commitment through three elements which are linkage, identification, and obligation and these elements are called as affective, continuance commitment and normative when directed regarding an organization. According to Meyer and Allen (1991), there are 3 types of organizational commitment which include, affective, continuance commitment and normative. Therefore, a conclusion can be made by mentioning the behavior, whether positively or negatively are distinctly possible to happen with affective commitment, next will be normative commitment and finally will be continuing commitment. Of the three elements which are affective, normative and continuance commitment, the results of affective commitment had a clear-cut effect on turnover intentions and performance of workers (Meyer, Stanley, Herscovitch, & Topolnysky, 2002; Tett & Meyer, 1993). Affective commitment is “an employee's emotional attachment to, identification with and involvement in the organization”; continuance commitment is “commitment based on the costs that employees associate with leaving the organization”; and normative commitment is “an employee's feeling of obligation to remain with the organization” (Meyer & Allen, 1991, p. 67). As explained by Harrison–Walker (2001), if workers possess a high degree of affective commitment, they will exhibit loyalty as well as enthusiasm to remain with the organization (Meyer & Allen, 1991, Lee, Lee, & Lum, 2008).

Chênevert (2013) stated that in hectic work ambience and job demands that gradually increase, it can lead unequal in the relations of social exchange as emotionally exhausted happened between health care workers especially nurses and eventually cause low affective commitment. On the other hand, Leiter and Maslach (1988) carried out a study regarding nurse perform tasks in public hospitals and the results illustrated that there is a negative correlation between emotional exhaustion and affective commitment. Ensuring impartial between demand and supply of health care services is very important as it can avoid work overload as well as exhaustion of nurses' energy. Physically and emotionally depletion can cause tiredness among nurses and consequently lead to low level of affective commitment (Sharma & Dhar, 2016). In other words, an individual shows a high level of affective commitment, he or she tends to continue work for the organization as he or she wants to. Besides that, moral obligation lead a person to continue working for the organization and it is referred as normative commitment. High level of normative commitment makes a person think that he or she has the duty and responsibility to continue working for the organization. One clear example of normative commitment includes an individual shows gratitude for his or her organization when organizational payments for training which incur costs and makes a worker to commit to making reciprocation towards the organization (Scholl, 1981). Next, continuance commitment can be described as the costs of leaving are too high such as the contribution of time and energy, making an individual bound to the current organization (Aubé, Rousseau, & Morin, 2007).

2.6.1 Service Commitment and SO-OCBs

One of the main antecedents to OCBs is an organizational commitment (Allen & Rush, 1998). There is a positive influence of service commitment on organizational citizenship behaviors (Wiener, 1982; Pearce, 1993; Van Dyne & Ang, 1998). An individual is more willing to dedicate his or her time, skills, and effort to the organization when he or she has high organizational commitment (Angle & Perry, 1981). As elaborated by past studies, if health care service personnel are dissatisfied with their work, they will be less committed to their jobs and intend to deliver poor quality of health care service that leads to dissatisfaction of patients and switch to other hospitals (Atkins, et al, 1996; Fahad Al-Mailam, 2005). In this relation, organizations should understand the concepts of employee commitment and know well regarding how employee commitment can affect customer satisfaction as well as customer experiences. In point of fact, affective commitment indicated more significant results as compared to the continuance and normative commitment based on past studies. Considerably, affective commitment can influence work outcomes in terms of job performance, absenteeism, turnover, as well as OCBs (Meyer & Herscovitch, 2001). This study was supported by Payne and Webber (2006) who stated that if workers have high job satisfaction and affective commitment, they will more willing to perform SO-OCBs.

OCBs can only be shown by committed workers in an organization. Organizational commitment can develop an emotional bond of workers and organizations. Creating of emotional attachment is a way to build a solid platform for workers to perform OCBs. Based on the studies of Sharma and colleagues (2010), it indicated

supportive results regarding affective commitment is one of the significant predictors of OCBs. In fact, affective commitment is considered as one of the significant elements in predicting extra-role behaviors such as OCBs (Mathieu & Zajac, 1990) & (Allen & Meyer, 1996). This has been supported by O'Reilly and Chatman (1986) as the results also indicated that affective commitment is one of the important predictors of OCBs in the organization. In addition, the findings of Both (1977) and Angle and Perry (1981) also indicated the same results from their studies. Nevertheless, there are also obtained several different results from the prior studies that explained that there was no relation between organizational commitment (affective and normative commitment) and OCBs. On the other hand, another past study elaborated that affective commitment and OCBs are correlated, but the result was insignificant Shore and Wayne (1993). Though the previous research is indicated inconsistent results regarding the relations of affective commitment and types of OCBs, major past studies still supported that affective commitment affects OCBs in a positive way.

In an organization, beneficial work attitude such as performance, voluntary actions, OCBs can be strengthened by an organizational commitment (Organ & Ryan, 1995; Powell & Meyer, 2004). With strong enthusiasm and committed service personnel, it can generate everlasting relations with customers (Boshoff & Allen, 2000; Gounaris, 2005). According to Hellriegel and Slocum (2004), there is a correlation which explained that if commitment is high, productivity is high as well and vice versa. Based on many past studies, it illustrated that the retention of workers and organizational performance can be improved when organizations motivate employee commitment. A good place to

work can give a positive impact on workers' behaviors such as appreciating organizations by showing good performance in hospital. By this way, it can create positive results in terms of patient satisfaction, clinical unit performance as well as superior patient health. Consequently, it can bring the results of superior financial performance and obtain competitive advantage. As we all know, organizations will have superior performance in both quality and productivity if they have committed, which is high (Harter, Hayes, & Schmidt, 2002; Schmidt, 2006).

2.6.2 Gaps between Service Commitment and SO-OCBs

If an individual has a high commitment towards the organization, he or she will have a high desire to undertake actions that go above and beyond the job description which brings in the results of customer satisfaction, loyalty, as well as reduce intention to quit retention (Dietz, Pugh, & Wiley, 2004). However, there is insufficient study regarding the correlation between service commitment and SO-OCBs (Lin & Chang, 2015). Therefore, this study strived to narrow the gap between service commitment and SO-OCBs among nurses at the hospital.

2.7 THEORIES RELATED TO ORGANIZATIONAL CITIZENSHIP BEHAVIORS (OCBs)

There are various theories which related to organizational citizenship behaviors (OCBs). The theories that would discuss in this study are social exchange theory, social identity theory, self-concept theory, the theory of psychological contracts and leadership theory.

2.7.1 Social Exchange Theory and OCBs

According to Blau (1964), social exchange theory explained that certain behaviors would adopt by employees based on norms of reciprocity to show their appreciation towards the organization. Service-oriented personnel in an organization would take the obligation and responsibility to serve and satisfy various needs of consumers and deliver service beyond their job duties in order to show their gratitude on impartial treatments provided by the organization (Blau, 1964; Gouldner, 1960).

2.7.2 Social Identity Theory and OCBs

Social identity theory suggested that if service personnel have a strong identity with the company, they are readier to undertake in OCBs as self-worth in an organization can be strengthened by citizenship behaviors. Tyler and Blader (2000) further explained that when an employee performs well in group process and has the sense of belongingness in the status of the group, he or she tends to participate in cooperative behaviors in order to improve his or her group's status and eventually make improvement in terms of self-esteem as well.

2.7.3 Self-Concept Theory and OCBs

Self-concept rises up a question which is ‘Who am I?’ In fact, there are several components which can affect the self-concept of an individual. Firstly, the element includes beliefs and values of an individual that built via own early life experience. Besides that, the development of self-concept also can be built through personnel’s organizational experience when personnel has identification of the organization’s values. According to Ehrhart and Naumann (2004), OCBs can show values of individuals and it also can embody the perceived norms and organizational values of personnel.

2.7.4 Theory of Psychological Contract

The psychological contract can be described as a less formal contract and express the mutual beliefs, perceptions, as well as informal obligations which elementary build on the relationship between employees and the organization (Sim, 1994). In fact, psychological contract can give impact in many aspects such as employee retention, turnover, as well as the contribution to the employer in an organization (Robinson & Rousseau, 1994; Turnley & Feldman, 1999). Prior researchers found that the concept of psychological contract is positively related to OCBs (Robinson, 1996; Robinson & Morrison, 1995; Robinson & Rousseau, 1994) and one of the antecedents of OCBs is a psychological contract (Hui, Lee, & Rousseau, 2004). Basically, there are two types of psychological contract which are transactional contracts (fair pay, fringe benefits) and relational contracts (loyalty, flexibility, fun work environment, job security, training) (Guzzo & Noonan, 1994) and previous study indicated that relational psychological contract has a

positive impact on OCB in health care employees in the United States (Liu, Cho, & Seo, 2011).

2.7.5 Leadership Theories and OCBs

(a) Path-Goal Theory of Leadership

Leadership is one of the vital specifications in generating positive workplace ambience as leaders are the person who has the capability to ensure their employees are satisfied with their jobs and gain motivation to execute the tasks. As referred to the prior study, the results indicated that the relationship between transactional leadership, transformational leadership and leadership styles of goal-path theory is linear and significant, and ultimately the results concluded that transformational leadership gives crucial impact on developing the organizational citizenship behavior (OCBs) (Zabihi & Hashemzahi, 2012).

(b) Leader-Member Exchange (LMX) Theory and OCBs

According to Blau (1964), the theory of LMX draws from social exchange theory. The prior study illustrated that LMX has significant influences on workplace outcomes such as task performance, satisfaction, turnover, as well as organizational commitment (Gerstner & Day, 1997). If the LMX relationship is in higher quality, personnel would return or reciprocate their leaders by participating themselves in extra role or discretionary behaviors such as OCBs which would definitely beneficial to the leader and others in the workplace (Liden, Sparrowe, & Wayne, 1997; Settoon, Bennett & Liden, 1996).

2.8 THEORETICAL FRAMEWORK

The theoretical framework of this study is shown in Figure 2.1. According to Zikmund, Babin, Carr, and Griffin (2010), the research framework of this research indicated a connection between independent and dependent variables and bring in an analysis. SO-OCBs are the main variable which required to be investigated in this study. There are five independent variables which are perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction.



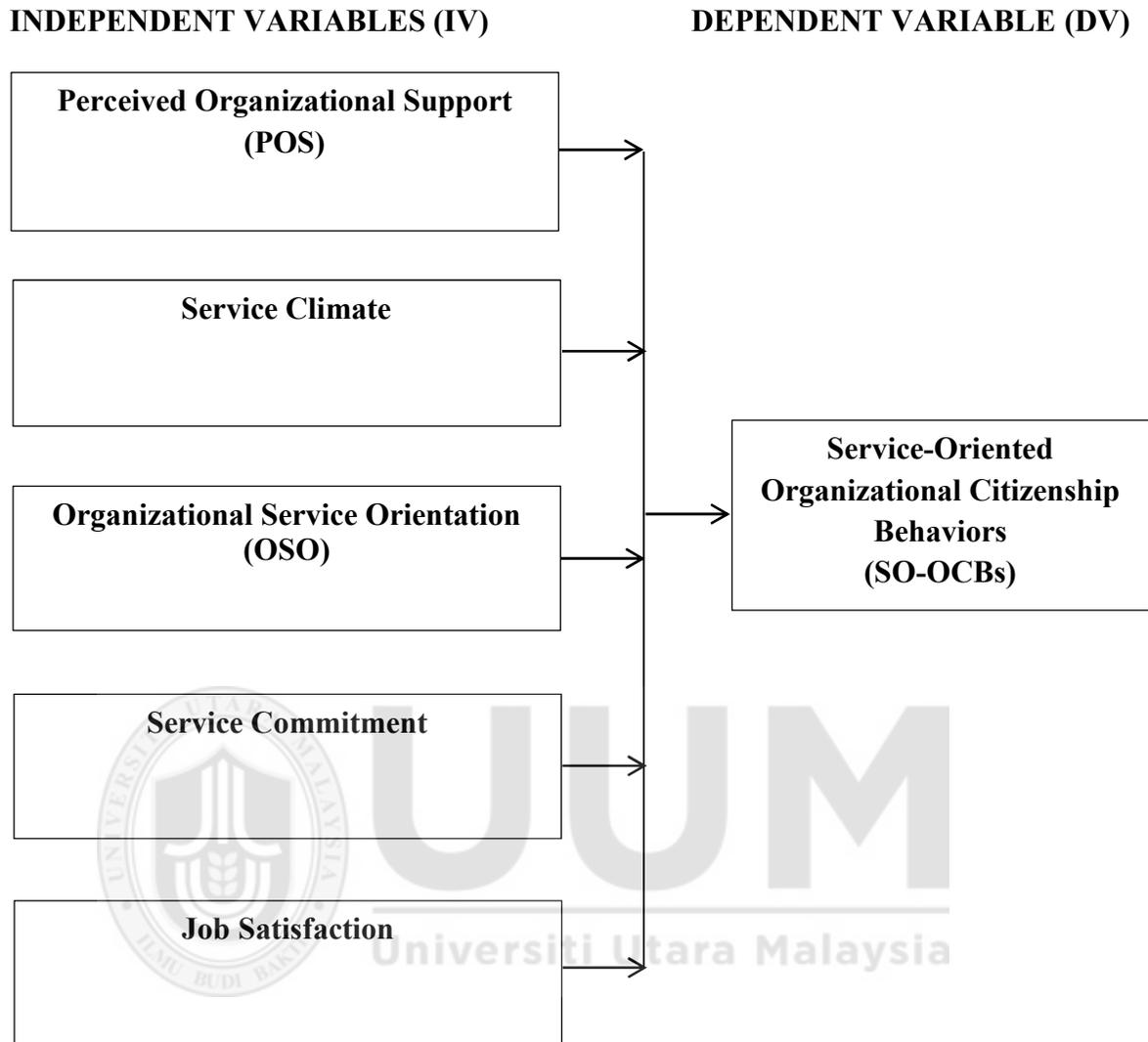


Figure 2.1:
Theoretical Framework of the Research

2.9 HYPOTHESES

According to Zikmund et al. (2010), a hypothesis can be described as a statement of a proposition which has not been proved in the study. Through empirical study, the hypotheses will be examined. If the result has supported the hypothesis, then the hypothesis is accepted based on the analysis or vice versa. In this study, there are few hypotheses which have been developed. The objective of the hypotheses is to examine the relationship between independent and dependent variables and also answering the research questions as well as objectives of this study. The hypotheses of this study are stated as below:

Hypothesis 1:

H1: There is a significant difference in SO-OCBs between gender and employment sector among nurses at the hospital.

Hypothesis 2:

H2: There is a significant difference in SO-OCBs between age groups, ethnic group, religion, marital status, highest educational level, length of service, and categories of nurses at hospitals.

Hypothesis 3:

H3: There is a significant relationship between perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction towards SO-OCBs among nurses at the hospital.

Hypothesis 4:

H4: There is a significant influence between perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction towards SO-OCBs among nurses at the hospital.

2.10 CHAPTER CONCLUSION

Chapter 2 provides a fundamental understanding of this study. This study discusses five factors that might affect SO-OCBs. The research framework and hypotheses were also being discussed in this chapter.

CHAPTER 3

METHODOLOGY

3.0 CHAPTER INTRODUCTION

In this chapter, it describes the procedures and methods that were used for data collection and analysis in this study. The selection of an appropriate research methodology is very important and critical part to consider as it can measure the effectiveness of a research project. The methodology which has been chosen must be aligned with the research questions and objectives being examined. The questionnaire survey form was distributed to examine the influence of perceived organizational support (POS), service climate, organizational service orientation (OSO), service commitment, and job satisfaction towards service-oriented organizational citizenship behaviors (SO-OCBs) among nurses in this study. This study sought to identify whether there is a positive or negative relationship between perceived organizational support (POS), service climate, organizational service orientation (OSO), service commitment, and job satisfaction towards SO-OCBs of nurses. The topic outline in this chapter covers research design method, hypothesis testing, pilot test, population and sampling size, measurement scales, data collection methods and data analysis strategy used to analyze this thesis data.

3.1 RESEARCH DESIGN

This part will discuss the outline the research conducted. The research design is defined as the framework or blueprints to conduct the research, which means that it clearly defined the procedure that requires gaining the needed information and solves research questions (Zikmund, Babin, Carr, & Griffin, 2010). In this study, a survey using questionnaires are used to collect data. Survey methods are mostly used to collect descriptive data in quantitative research. A quantitative research assists researchers to obtain useful information and have a better understanding of the relationship among variables, validate relationships of variables, concluding results, as well as test the level of significance of the hypothesis. Besides that, the function of quantitative research is to evaluate the research hypothesis. It is essential to verify the hypothesis and validate the relationships and influence of variables in the study (Zikmund et al., 2010).

During data collection, the data were obtained from the distributed questionnaires and quantitative method has been utilized to analyze the data. In this research, the data were analyzed using “Statistical Package for Social Science” (SPSS) version 22.0. In this study, a survey in a form of questionnaire has been used as primary data collection. Likert scales are applied to measure the response of the respondents. Likert scale from 1 to 6 which ranging from “1 – Extremely Disagree” to “6 – Extremely Agree” is applied to measure the response from the respondents. The six-point scale is appropriate as it definitely can decrease the confusion of respondents in answering the questions. In order to test the items’ reliability in the questionnaire, a pilot test has been carried out. The

questionnaire was prepared in two languages which are Malay and English to ensure all respondents can understand and clear about the questions.

3.2 POPULATION AND SAMPLING

According to Polit and Hungler (1997) stated that population is the total or the sum of all objects, subjects, or members which comply with a specific set of criterion. The populations of this study are the registered nurses in hospitals of Penang state. According to Ministry of Health Malaysia (2016), the population of nurses in Malaysia is 99,925. There is a total of 13 private hospitals and 6 government hospitals in Penang. This study focuses on four hospitals in Penang which are at Penang General Hospital, Lam Wah Eel, Adventist Medical Centre, and Bagan Specialist. Registered Nurses in Penang hospitals were selected as the study population and a sample. Data obtained from Nursing Division, Ministry of Health (2016) stated that there are 4489 nurses in government hospitals and 3391 nurses in private hospitals. From this number, a total of 500 nurses was selected using simple random sampling as the sampling technique. The sample of this study which more than 30 but less than 500 is suitable for most of the research as mentioned by Roscoe (1975). The reason for selecting registered nurses at hospitals in Penang as a target population is because all nurses perform same responsibility regardless where they are which indicate that the selected sample can achieve generalizability to represent the registered nurses' population.

3.2.1 Sample Size Determination

In fact, sampling design can be referred as the methods or procedures are chosen to select the sample from the population. As referred to Krejcie and Morgan (1970), research needs to decide the correct sample size in order to ensure that the results from the sample of the population are generalizable. In order to simplify the sample size, Krejcie and Morgan (1970) provide a table by applying the formula of sample size for a finite population. Krejcie and Morgan (1970) stated that the sample size for 7880 populations of nurses in hospitals in Penang state is 367. Therefore, there are 500 sets of the questionnaire will be distributed to four stated hospitals in Penang.

The table for deciding the sample size recommended by Krejcie and Morgan (1970) is shown as below:

Table 3.1
Table for deciding Sample Size of a Known Population

Population Size	Number of samples
6000	361
7000	364
8000	367

Source: Krejcie and Morgan (1970)

3.2.2 Sampling Design

The sampling technique which has been used in this study is simple random sampling. This sampling technique was applied in the study and was conducted in the Penang General Hospital, Lam Wah Eel, Adventist Medical Centre, and Bagan Specialist. As mentioned by Rahi (2017), simple random sampling is a sampling process where every unit of the population has an equal probability to include in the sample. This technique is suitable because this sampling method is impartial in choosing the sample from population since each unit has an equal chance of being selected and the findings which get from the study sites can be generalized.

3.2.3 Unit of Analysis

Unit of analysis can be described as the level of aggregation of data collected in the study (Sekaran & Bougie, 2016). Based on the population to be studied, the unit of analysis is the nurses in the hospitals mentioned. This study focus on the Service-oriented organizational citizenship behaviors (SO-OCBs) of Registered Nurses, it involves individual nurses in the hospital. Therefore, the data will be collected from each individual. According to Hassmiller and Maureen (2006), nurses are suitable to be the respondents as they are the largest group who provide patient care in the hospitals. SO-OCBs can be clearly shown by nurses in measuring their perceived organizational support (POS), service climate, organizational service orientation (OSO), service commitment, and job satisfaction.

3.3 QUESTIONNAIRE DESIGN

In this study, questionnaires were developed to collect information from the respondents. According to Zohrabi (2013), the questionnaire is one of the appropriate research instruments or primary source to gain data in any research which attempt to study. In other words, questionnaires are the exchange of questions and answers and the questions should be designed in simplest way (Hurry, 2015).

The questions in the questionnaire are closed-ended as it is a simple method as compared to open-ended questions and it can avoid confusion in interpreting the respondents' answer. According to Seliger and Shohamy (1989), the simplicity of closed-ended questions is more efficient than open-ended questions in analysis.

In this research, the questionnaire comprises of 61 questions. The questionnaire is divided into 2 sections. Section A is to inquire demographic data of the respondents. Section B covers question which related to independent and dependent variables of the study. In section A and section B has 9 and 52 questions respectively.

In section A, it consists the information of gender, age, ethnic group, religion, marital status, highest educational level, length of service in an organization, categories of nurse, as well as monthly income. Section B aims to collect the information from respondents regarding SO-OCBs, perceived organizational support (POS), service

climate, job satisfaction, organizational service orientation (OSO), and also service commitment.

The dimensions and items for each variable are shown as below:

1. **“SO-OCBs”** comprises of 9 items which adapted from the Organ and Ryan (1995) and Konovsky and Organ (1996).
2. **“POS”** comprises of 8 items which adapted from Eisenberger, Huntington, Hutchison, and Sowa (1986).
3. **“Service climate”** comprises of 10 items which adapted from authors below:
 - *Customer Orientation* was adapted from Day (1994) and Shainesh and Sharma (2003)
 - *Managerial Support* was adapted from Foley and Hang (2005)
 - *Work Facilitation* was adapted from Shainesh and Sharma (2003)
4. **“OSO”** comprises of 9 items which adapted from Lytle, Hom, and Mokwa (1998).
5. **“Service commitment”** comprises of 6 items which adapted from Allen and Mayer (1996).
6. **“Job satisfaction”** comprises of 10 items which adapted from Weiss, Dawis, England, and Lofquist (1967).

The summary of the items in each variable is shown in Table 3.2 below:

Table 3.2
Summary of the Questionnaire Design

Variables	No. of Items	Items
Section A:	9	Section A: Item 1 – 9
Demographical Background		
Section B:		
SO-OCBs	9	Section B: Item 1 – 9
POS	8	Section B: Item 10 – 17
Service Climate	10	Section B: Item 18 – 27
OSO	9	Section B: Item 28 – 36
Service Commitment	6	Section B: Item 37 – 42
Job Satisfaction	10	Section B: Item 43 – 52



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3.4 MEASUREMENT OF STUDY

According to Bohrnstedt (2010), measurement can be defined as the distribution of numbers by applying rules which embody or conform to a circumstance or an object's property. By applying the scale of measurement, the researcher is able to classify variables or numbers into categories.

As mentioned by Gadermann, Guhn and Zumbo (2012), a Likert scale is an approach where respondents are requested to indicate their level of agreement which ranging from extremely agree to extremely disagree. In this study, Likert scales measurement from 1 to 6 are used for all questions in Section B. Likert scale is appropriate in this study as it can generate data which is reliable and valid. Respondents are required to indicate a response to each statement according to the stated scale.

Table 3.3 below shows the score and scales used in this study:

Table 3.3
Measurement Scales

Scales	Score
Extremely Disagree	1
Strongly Disagree	2
Disagree	3
Agree	4
Strongly Agree	5
Extremely Agree	6

Source: Gadermann, Guhn, and Zumbo (2012)

3.4.1 Measurement of Construct

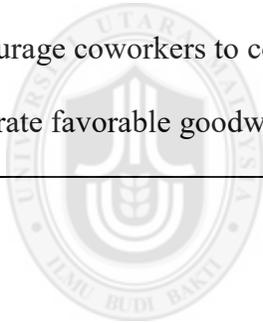
In this research, the data were analyzed by applying the Statistical Package for Social Science (SPSS) version 22.0. In order to verify the reliability of questions and to obtain useful information about SO-OCBs, the questionnaire has been adapted and adopted from previous research. Table 3.4 indicates the variables and the number of items in this study.

Table 3.4
Summary of Measurement of Construct

Variable	No. of Items	Source and Year
SO-OCBs	9	Organ and Ryan (1995); Konovsky and Organ (1996).
POS	8	Eisenberger et al. (1986).
Service Climate	10	Day (1994); Shainesh and Sharma (2003); Foley and Hang (2005).
OSO	9	Lytle et al. (1998).
Service Commitment	6	Allen and Mayer (1996).
Job Satisfaction	10	Weiss et al. (1967).

Table 3.5
SO-OCBs Construct

STATEMENT SO-OCBs
Organ and Ryan (1995) and Konovsky and Organ (1996)
I encourage friends and family to use the hospital services.
I always have a positive attitude at work.
I tell people in other organizations that this is a good organization to work for.
I frequently present to others creative solutions to patient problems.
I follow customer-service guidelines with extreme care.
I say good things about the organization to others.
I follow up initial actions in response to patient's requests and problems in a timely manner.
I encourage coworkers to contribute ideas and suggestions for service improvement.
I generate favorable goodwill for the organization.

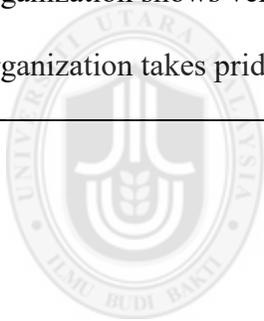


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Table 3.6

Perceived Organizational Support (POS) Construct

STATEMENT
Perceived Organizational Support (POS)
Eisenberger et al. (1986)
The organization values my contribution to its well-being.
The organization fails to appreciate any extra effort from me.
The organization would ignore any complaint from me.
The organization really cares about my well-being.
Even I did the best job possible, the organization would fail to notice.
The organization cares about my general satisfaction at work.
The organization shows very little concern for me.
The organization takes pride in my accomplishments at work.



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Table 3.7
Service Climate Construct

STATEMENT Service Climate
<hr/> Shainesh and Sharma (2003) <i>Work Facilitation</i> I receive adequate support from workmates to perform my job well. If I perform job well, I receive appropriate recognition and reward. I have the guidelines materials I need to provide services. <hr/>
Foley and Hang (2005) <i>Managerial Support</i> My direct supervisor encourages me to deliver high quality service. My direct supervisor is responsive to my requests for help or guidance. My direct supervisor is very committed to improving the quality of our area's work and service. <hr/>
Day (1994) and Shainesh and Sharma (2003) <i>Customer Orientation</i> High quality service is emphasized as the best way to keep patients. My institution does a good job of keeping patients informed of changes, which affect them. We are informed about patient evaluations of the quality of service. My institution always responds to the patients' feedback and suggestions quickly. <hr/>

Table 3.8
Organizational Service Orientation (OSO) Construct

STATEMENT

Organizational Service Orientation (OSO)

Lytle, Hom, and Mokwa (1998)

Management is constantly measuring service quality.

Management shows that they care about service by constantly giving of themselves.

Managers give personal input and leadership into creating quality service.

Employees have freedom to act independently in order to provide excellent service.

Employees care for patients as they would like to be cared for.

Employees go the 'extra mile' for patients.

This organization noticeably celebrates excellent service.

Employees receive personal skills training that enhance his/her ability to deliver high quality service.

During training sessions, we work through exercises to identify and improve attitudes toward patients.

Table 3.9
Service Commitment Construct

STATEMENT
Service Commitment
Allen and Mayer (1996)
I really feel as if this organization's problems are my own.
I enjoy discussing my organization with people outside it.
I would be very happy to spend the rest of my career with this organization.
This organization has a great deal of personal meaning for me.
I feel that I have too few options to consider leaving this organization.
It would be very hard for me to leave my organization right now, even if I wanted to.



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Table 3.10
Job Satisfaction Construct

STATEMENT
Job Satisfaction
Weiss et al. (1967)
I have the chance to be “somebody” in the community.
I am being able to do things that don’t go against my conscience.
I have the chance to do things for other people.
I have the chance to tell people what to do.
I have the chance to do something that makes use of my abilities.
My pay and the amount of work I do are equal.
The working conditions in the organization are good.
I am happy the way my co-workers get along with each other.
I get the praise I get for doing a good job.
The feeling of accomplishment I get from the job is high.

3.5 DATA COLLECTION METHOD

Registered Nurses from four hospitals, which Penang General Hospital, Lam Wah Eel, Adventist Medical Centre, and Bagan Specialist, Penang was selected as respondents in this study. The population of Registered Nurses in Penang state is 7880 persons. The sample size for 7880 population is 367 Registered Nurses in hospitals as respondents. In this study, 500 questionnaires were distributed to all of the respondents by using simple random sampling method.

For private hospitals, which are Lam Wah Eel, Adventist Medical Centre, and Bagan Specialist, the permission to distribute the questionnaire was obtained from the Human Resource Department and matron in the nursing department through e-mail. The printed questionnaires were distributed at the nursing department.

On the other hand, for Penang General Hospital, researcher is informed by person in charge of Clinical Research Centre (CRC) to register at government website which is National Medical Research Register (NMRR) to complete and submit all the necessary documents that include personal information, Curriculum Vitae (CV), Study Protocol (Research Proposal), questionnaire, Participation Information Sheet and Informed Consent Form (PIS), Investigator's Agreement, Head of Department and Organizational / Institutional Approval, Letter Request for Permission to Conduct Research, and Conflict of Interest Declaration Form for Investigators.

The approval from the registration took approximately 2 months. After the registration from NMRR site is successful, the researcher is allowed to distribute the questionnaire in Penang General Hospital. Before distributing the questionnaires, the researcher is required to meet the Matron in order to verify that the contents in the questionnaire are appropriate and must not contain any questions which may harm the organization's interest. Then only, researcher is allowed to distribute the questionnaire.

Explanation regarding research was given to respondents in order to ensure nurses understand about questions and thus the process of data collection is efficient. One week duration was provided for every Registered Nurse as they engaged most of their time with patients and to ensure respondents have enough time to complete the questionnaire.

For both private and public hospitals, three weeks and two weeks respectively were given respondents to fill in the questionnaire. A total of 500 questionnaires were distributed and 475 questionnaires were returned. However, 32 questionnaires were rejected due to incomplete and therefore 443 questionnaires remained and were used for analysis.

3.6 PILOT TEST

In this study, the pilot test has been carried out from the respondents that are similar to the real study. A pilot test was performed among the Registered nurses at hospitals in Penang. The purpose of a pilot test is to test the research instrument appropriate or not before conducting the main empirical study (Baker 1994: 182-3). Fifty Registered Nurses were selected to participate in the pilot test. The pilot test aims to ensure every respondent clearly understand the questions in the questionnaire and also is an approach to alert researcher regarding where the research assignment could fail and which ways are unsuitable in the research. The pilot test can assist in improving the research survey and act as pre-testing before implementing the survey in large scale. In addition, the pilot test also helps the researcher to get useful information.

3.7 DATA ANALYSIS STRATEGY

In this study, SPSS software version 22.0 is used to analyze the questionnaire data. First of all, normality test is applied to examine whether the data is consider normal distribution or not. In order to investigate the validity goodness of the measure, reliability analysis has been conducted. Besides that, descriptive analysis is used to examine the individuals' primary characteristics. In addition, this study was used Independent Samples T-test to determine the difference between genders and employment sector among Registered Nurses at the hospital. Furthermore, One-way ANOVA were used to test the difference which more than three groups whereas Pearson Correlation analysis was utilized in order to determine are there any significant relationship between

independent and dependent variables in this study. On the other hand, multiple regression analysis was adopted to test the influence of independent variables on the dependent variable.

3.7.1 Normality Test

According to Hair, Black, Babin, and Anderson (2010), normality test is the data distribution's shape for a single variable and its consistency to the normal distribution which act as the statistical methods' benchmark. Normality test can be assessed through graphically and numerically. In this study, graphic Quantile-Quantile probability plot (Q-Q plot) has been used to test the normality. If the data is considered as standard normal distribution, the points will be situated close to the reference line in the graph.

3.7.2 Reliability Test

According to Sekaran and Bougie (2016), a reliability of measure implies that to which extent the study is without bias and the result of the study achieve consistency measurement in terms of stability and internal consistency. The consistency of a measure in a study can be performed through reliability test in order to reveal how consistently the variables are used to measure a concept. In this study, researcher intended to do inter-item consistency reliability which is a way to examine the answers of respondents is consistent or vice versa. Therefore, Cronbach's coefficient alpha is used to test the inter-item consistency in this study. Table 3.11 indicates the value of Cronbach's Alpha and

the scale of internal consistency. If the alpha value is greater than 0.7, the correlation is considered strong.

Table 3.11
Internal Consistency Measurement

Cronbach's Alpha	Internal Consistency
$\alpha = 0.9$	Excellent
$0.8 = \alpha < 0.9$	Good
$0.7 = \alpha < 0.8$	Acceptable
$0.6 = \alpha < 0.7$	Questionable
$0.5 = \alpha < 0.6$	Poor
$\alpha < 0.5$	Unacceptable

Source: Sekaran and Bougie (2016)

Table 3.12 reveals the result of the reliability test in this study. In this study, a pilot test has been conducted and it indicated that the Cronbach Alpha's value of the variables was high, which are in between 0.8 to 0.9. However, one of the independent variables perceived organizational support, the value of Cronbach's Alpha value was below 0.8, which is 0.772 but considered acceptable. Therefore, from the pilot test, the researcher does not require to remove any items to improve the alpha value. In addition, the overall result of the study shows that the value of Cronbach's Alpha which gets from the pilot test is 0.974 whereas real test is 0.955. As a result, in measuring the variables, the result of reliability and also validity analysis is regarded as good and excellent, except the internal consistency of perceived organizational support is considered acceptable.

Table 3.12
Pilot Reliability Test Results

Variables	No. of Items	Cronbach's Alpha
		Pilot Test
SO-OCBs	9	0.935
POS	8	0.772
Service Climate	10	0.934
OSO	9	0.929
Service Commitment	6	0.873
Job Satisfaction	10	0.915

3.7.3 Descriptive Analysis

According to Sekaran and Bougie (2016), the purpose of the descriptive study is to find out and describe the characteristics of variables in the study. In order to identify the difference among the groups in the study, descriptive statistic aids in providing a general view of data through frequency distribution, mean, as well as standard deviation. Besides that, descriptive analysis was applied to investigate the percentage of age group, ethnic group, religion, marital status, highest education level, length of service in the organization, the category of the nurse, and also employment sector.

3.7.4 Independent Sample T-Test

As stated by Sekaran and Bougie (2016), independent T-Test is conducted to know the differences between two groups. In this study, T-Test has been carried out in order to measure the differences between gender and employment sector towards SO-OCBs. The purpose of independent sample T-Test is to know whether any significant difference between the mean of male and female respondents; and also significant difference between the mean of employment sector which is a public and private hospital in SO-OCBs among nurses.

3.7.5 One-way ANOVA

Analysis of variance (ANOVA) is a measure to determine the significant mean differences among more than two groups on a dependent variable (Sekaran & Bougie, 2016). In other words, ANOVA is an analysis tool which used to examine the differences between two or more means. ANOVA helps the researcher to decide whether needs to reject the null hypothesis or accept the alternate hypothesis.

3.7.6 Correlation Analysis

As mentioned by Sekaran and Bougie (2016), Pearson's Correlation Analysis is used to reveal the direction, strength, as well as significance of the variables or bivariate relationship in the study. As mention by Hair et al. (2010), correlation coefficients can be

explained in terms of positive or negative correlation. Positive correlation reveals that the increase in one variable will cause another factor to increase and vice versa.

In fact, the correlation coefficients or named as 'r' interprets as the strength of a relationship between independent and dependent variables. The sign of + or - means that relationship's direction and the value is ranging from +1 to -1. The value of +1 shows a perfect positive relationship whereas -1 exhibits a perfect negative relationship. In addition, the value of 0 is indicated as no relationship.

Table 3.13
Strength of Pearson Correlation Coefficient

Range of Coefficient	Description of Strength
$\pm .81$ to ± 1.00	Very Strong
$\pm .61$ to $\pm .80$	Strong
$\pm .41$ to $\pm .60$	Moderate
$\pm .21$ to $\pm .40$	Weak
$\pm .00$ to $\pm .20$	Weak to no relationship

Source: Hair, Mary, Bush, and Ortinau (2013)

3.7.7 Multiple Regression Analysis

According to Hair et al. (2010), multiple regression analysis is a statistical technique that suitable in this study where the research problem consists of only one dependent variable and expected to be associated with two or more independent variables. The purpose to conduct this analysis is to estimate the changes that could happen in the dependent variables if there have any changes in independent variables. Thus, multiple regression analysis has been used in this study in order to test the relationship between independent and dependent variables in the hypothesis. At last, multiple regression analysis would enable a researcher to know which factors have most significantly influenced the SO-OCBs among nurses.

3.8 CHAPTER CONCLUSION

In conclusion, Chapter 3 discussed the research methodology which has been used in data collection for this study. In this section, it briefly introduces about research design, population and sampling, questionnaire design, measurements of study, pilot test, data collection methods and strategy.

CHAPTER 4

FINDINGS

4.0 CHAPTER INTRODUCTION

In this chapter, it will present the result of data analysis which in accordance with the research methodology that discussed in Chapter 3. In fact, there are various factors that affect service-oriented organizational citizenship behaviors (SO-OCBs). This study will discuss five factors which are perceived organizational support (POS), service climate, organizational service orientation (OSO), service commitment, and job satisfaction that influence service-oriented organizational citizenship behaviors (SO-OCBs).

Data analysis is essential as it is a process of evaluating data by utilizing analytical tools. In this study, 500 sets of questionnaire were distributed. There is only 475 questionnaires were returned and only 443 questionnaires are used in the analysis.

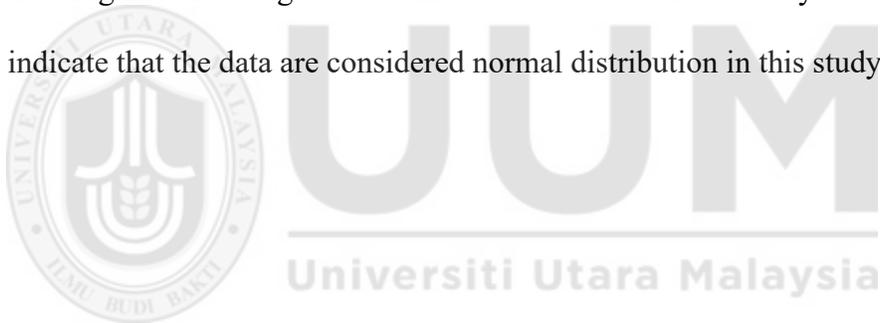
The data of this research will discuss as below:

- i. Normality Test
- ii. Reliability Test
- iii. Mean and Standard Deviation
- iv. One-way ANOVA
- v. Independent sample T-test
- vi. Correlation Analysis
- vii. Regression Analysis

4.1 NORMALITY TEST

Normal Quantile-Quantile plot or called as Normal Q-Q plot has been used in this study to examine the results of data are normally distributed. As referred to Q-Q plot theory, the data is counted as a normal distribution when the points are closed to the diagonal line. On the other hand, the data is regarded as abnormal distribution in the graph when the points are far from the line. According to Shamsuritawati Sharif (2017), if the data is normally distributed, all the dot will lie along a 45 upward sloping diagonal line.

The Figure 4.1 to Figure 4.6 exhibited the result of normality test. The Q-Q plot results indicate that the data are considered normal distribution in this study.



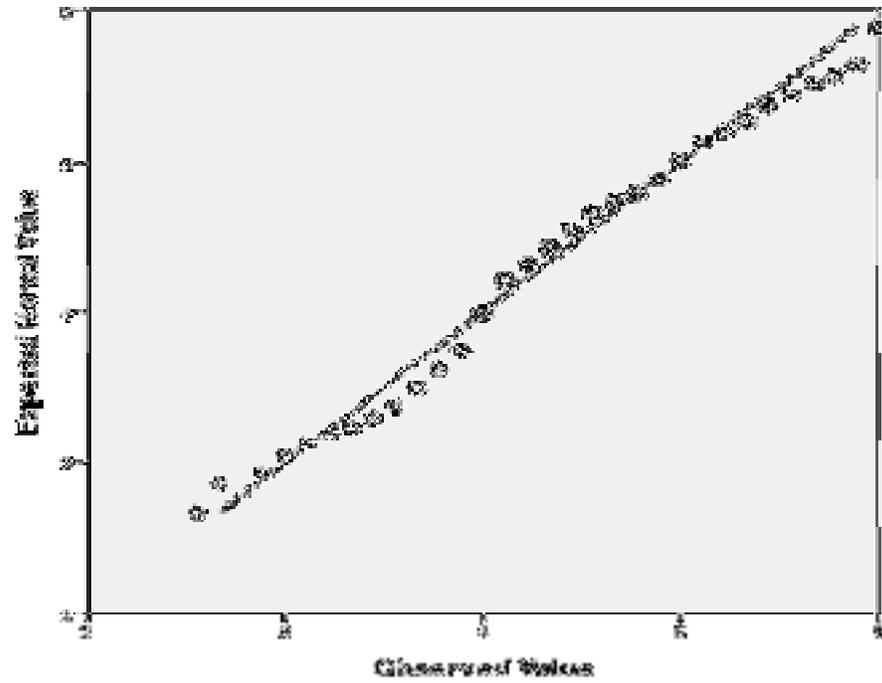


Figure 4.1
Normal Q-Q Plot of So-OCBs

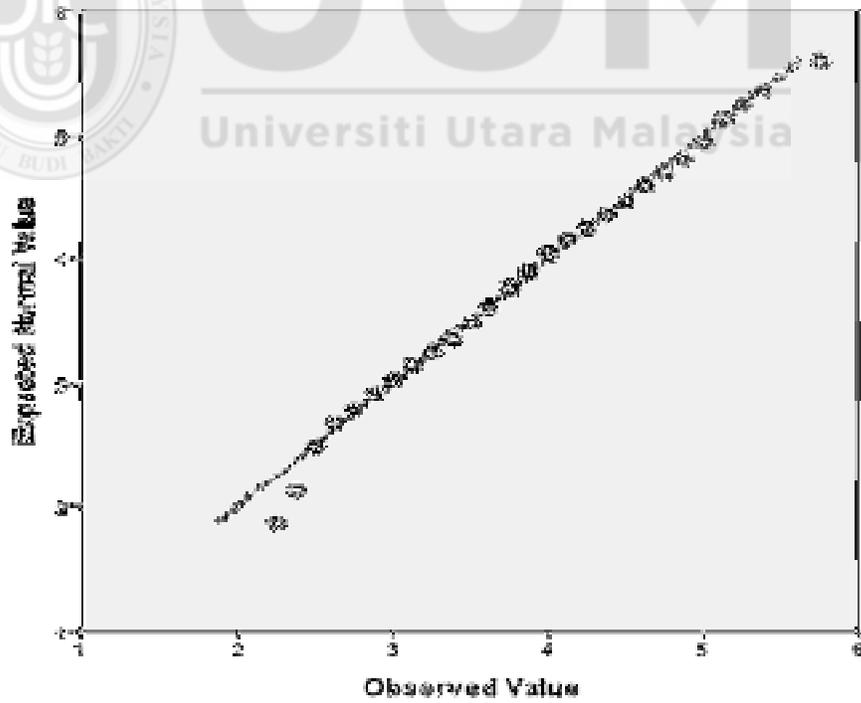


Figure 4.2
Normal Q-Q Plot of POS

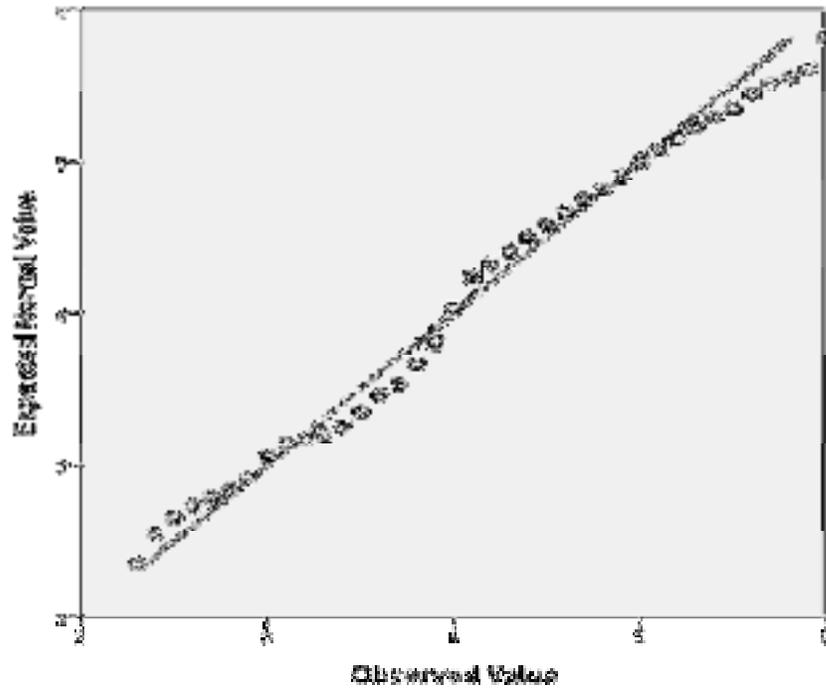


Figure 4.3
Normal Q-Q Plot of Service Climate

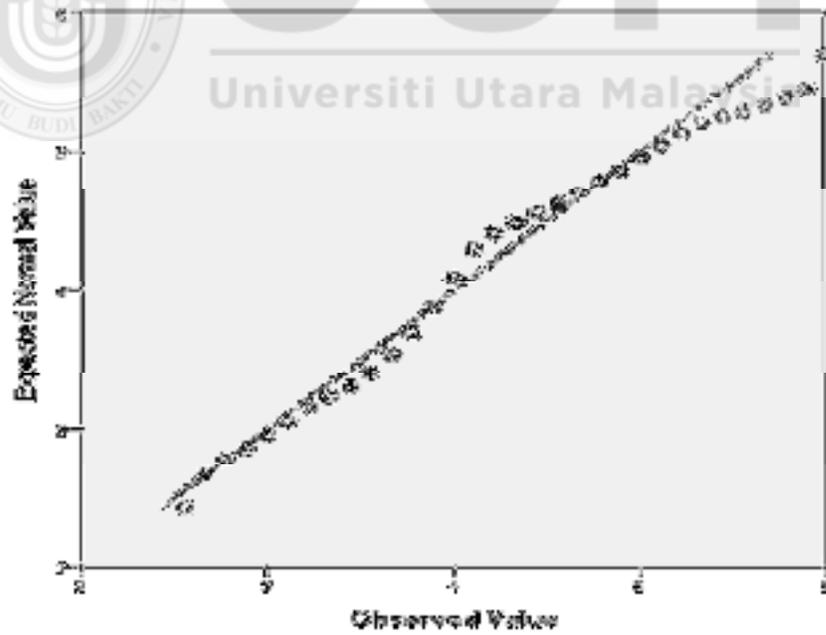


Figure 4.4
Normal Q-Q Plot of OSO

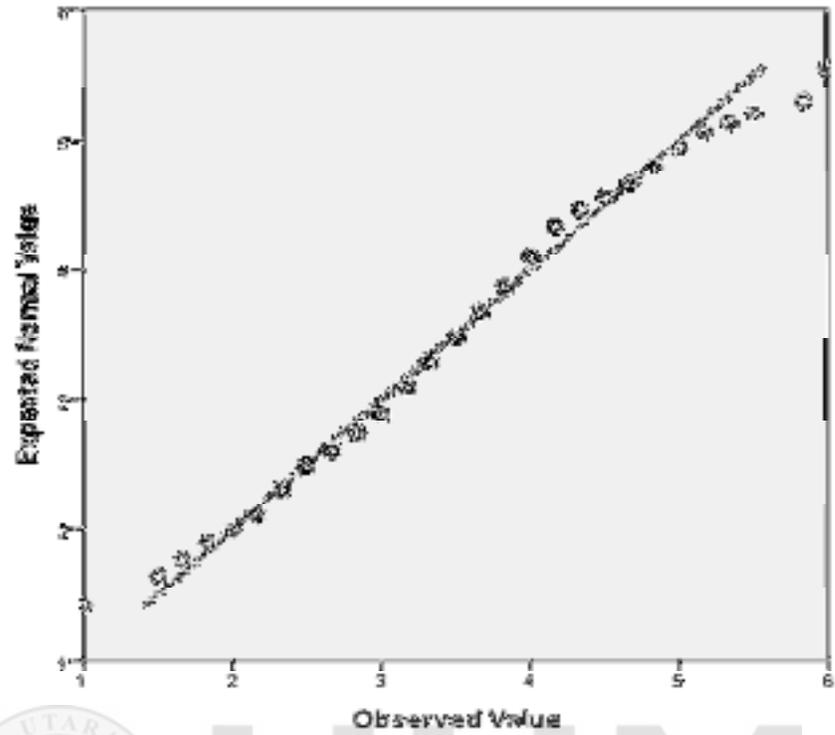


Figure 4.5
Normal Q-Q Plot of Service Commitment

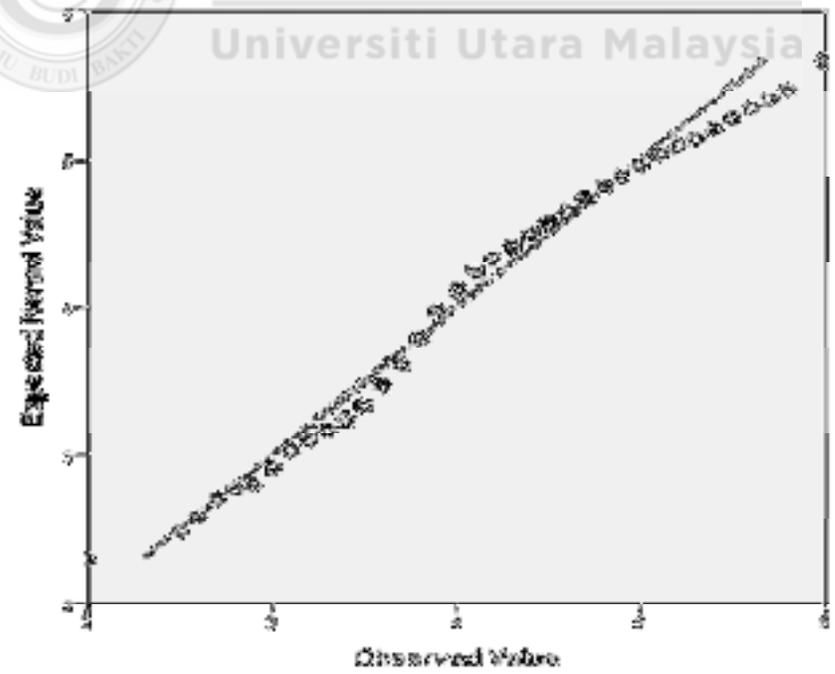


Figure 4.6
Normal Q-Q Plot of job satisfaction

4.2 RELIABILITY TEST

The result of the reliability test is exhibited in Table 4.1. There are a total of 52 items measured in this study. As referred to the Table 4, each variable is measured with several number of items. The result showed that service climate has achieved the highest Cronbach's Alpha value at 0.911 and perceived organizational support (POS) get the lowest value of Cronbach's Alpha at 0.769. Service-oriented organizational citizenship behaviors (SO-OCBs) ($\alpha = 0.905$), organizational service orientation (OSO) ($\alpha = 0.881$), and job satisfaction ($\alpha = 0.856$) are considered as has excellent reliability consistency. On the other hand, and service commitment ($\alpha = 0.793$) is determined as good reliability consistency (Sekaran & Bougie, 2016).

Table 4.1
Reliability Test Results

Reliability Analysis (N=443)

Variables	No. of Items	Cronbach's Alpha	
		Pilot Test	Real Test
SO-OCBs	9	0.935	0.905
POS	8	0.772	0.769
Service Climate	10	0.934	0.911
OSO	9	0.929	0.881
Service Commitment	6	0.873	0.793
Job Satisfaction	10	0.915	0.856
Total	52		

4.3 DESCRIPTIVE STATISTICS OF DATA

According to Sekaran and Bougie (2016), descriptive statistics are the statistics which describe the interest's phenomena. Therefore, the demographic background of respondents has been analyzed by using descriptive statistics. From the data analysis, the researcher is able to understand the differences and get accurate information regarding gender, age, ethnic group, religion, marital status, highest education level of nurse, length of service in the organization, and category of the nurse.

4.3.1 Gender of Respondents

The gender of respondents is shown in Table 4.2. The results illustrated that majority of the respondents are female 416 respondents or 93.9 %. The remaining 27 respondents (6.1 %) are male.

Table 4.2
Gender of Respondents

Age	No. of Respondents	Percentage
Female	416	93.9
Male	27	6.1
Total	443	100

4.3.2 Age of Respondents

Table 4.3 below shows the age of respondents. Majority of respondents were among the age group of 26 - 35 years old (228 respondents or 51.5 %). The next age groups are 36 – 45 years old and ≤ 25 years old (85 respondents or 19.2 % and 84 respondents or 19 % respectively). In addition, the age group of 46 – 55 years old has 32 respondents or 7.2 %. Lastly, the lowest number is for the age group of ≥ 56 years old (14 respondents or 3.2 %).

Table 4.3
Age of Respondents

Age	No. of Respondents	Percentage
≤ 25	84	19.0
26 – 35	228	51.5
36 – 45	85	19.2
46 – 55	32	7.2
≥ 56	14	3.2
Total	443	100

4.3.3 Ethnic Group of Respondents

The ethnic group of respondents is shown in Table 4.4. The table displays that majority of respondents are Malay (295 respondents or 66.6 %), followed by Chinese (81 respondents or 18.3 %), Indian (55 respondents or 12.4 %), and the rest are classified as others which is 12 respondents or 2.7 %.

Table 4.4
Ethnic Group of Respondents

Ethnic Group	No. of Respondents	Percentage
Malay	295	66.6
Chinese	81	18.3
Indian	55	12.4
Others	12	2.7
Total	443	100

4.3.4 Religion of Respondents

The respondents' religion is shown in Table 4.5. Most respondents are Muslim (298 respondents or 67.3 %), followed by Buddhist (55 respondents or 12.4 %), Hindus (46 respondents or 10.4 %), Christian (41 respondents or 9.3 %). Freethinker, Sukyo Mahikari, and others had 1 respondent or 0.2 % each.

Table 4.5
Religion of Respondents

Religion	No. of Respondents	Percentage
Muslim	298	67.3
Buddhist	55	12.4
Christian	41	9.3
Hindus	46	10.4
Freethinker	1	0.2
Sukyo Mahikari	1	0.2
Others	1	0.2
Total	443	100

4.3.5 Marital Status of Respondents

Table 4.6 reveals the marital status of respondents. It shows that most of the respondents are married (304 respondents or 68.6 %), followed by the single (135 respondents or 30.5 %), 1 respondent or 0.2 % is divorced, and others (3 respondents or 0.7%).

Table 4.6
Marital Status of Respondents

Marital Status	No. of Respondents	Percentage
Single	135	30.5
Married	304	68.6
Divorced	1	0.2
Others	3	0.7
Total	443	100



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4.3.6 Highest Education Level of Respondents

Table 4.7 indicates the highest level of education of respondents. The result reveals that the highest education level of nurses are diploma (368 respondents or 83.1 %), 36 respondents or 8.1 % had first degrees, 19 respondents or 4.3 % had STPM, 10 respondents or 2.3 % hold SPM, 7 respondents or 1.6 % had certificate, and 3 respondents or 0.7 % hold a master degree.

Table 4.7
Highest Education Level of Respondents

Highest Education	No. of Respondents	Percentage
STPM	19	4.3
Diploma	368	83.1
Degree	36	8.1
Master	3	0.7
SPM	10	2.3
Certificate	7	1.6
Total	443	100

4.3.7 Length of Service of Respondents

Nurses' length of service in the organization is in Table 4.8. Majority of respondents had been working between 2 to 5 years (169 respondents or 38.1 %), followed by 6 to 10 years (115 respondents or 26 %), and 11 to 15 years (51 respondents or 11.5 %). Additionally, 37 respondents or 8.4 % had been working for more than or equal to 21 years while 36 respondents or 8.1 % had been working for less than or equal to 1 year. Finally, 35 respondents or 7.9 % had worked for 16 to 20 years.

Table 4.8
Length of Service of Respondents

Length of Service	No. of Respondents	Percentage
≤ 1 year	36	8.1
2 to 5 years	169	38.1
6 to 10 years	115	26.0
11 to 15 years	51	11.5
16 to 20 years	35	7.9
≥ 21 years	37	8.4
Total	443	100

4.3.8 Categories of Nurses

The categories of the nurses are shown in Table 4.9. The results indicated that majority of the respondents were staff nurse (220 respondents or 49.7 %), 125 respondents (28.2 %) were nurses, 49 respondents (11.1 %) were senior staff nurse, followed by others (28 respondents or 6.3 %) and 21 respondents or 4.7 % were nurse manager.

Table 4.9
Categories of Nurses

Categories of Nurses	No. of Respondents	Percentage
Nurse	125	28.2
Staff Nurse	220	49.7
Senior Staff Nurse	49	11.1
Nurse Manager	21	4.7
Others	28	6.3
Total	443	100

4.3.9 Employment Sector of Respondents

Table 4.10 below represented the employment sector of respondents. 293 respondents or 66.1 % are working in public sector whereas the remaining of 150 respondents or 33.9 % are working in private hospital.

Table 4.10
Employment Sector of Respondents

Employment Sector	No. of Respondents	Percentage
Public Hospital	293	66.1
Private Hospital	150	33.9
Total	443	100

4.4 MEAN AND STANDARD DEVIATION OF COLLECTION DATA

Mean and standard deviation results of independent and dependent variables is shown in Table 4.11. In this study, the independent variables are perceived organizational support (POS), service climate, organizational service orientation (OSO), service commitment, and job satisfaction, whereas the dependent variable is service-oriented organizational citizenship behaviors (SO-OCBs). The SO-OCBs variable has the highest mean value of 4.48 while the service commitment variable has the lowest mean value which is 3.73.

Table 4.11
Mean and Standard Deviation of Variables

Construct	Dimension	Mean	Standard Deviation
Independent Variables	Perceived Organizational Support	3.80	0.65
	Service Climate	4.30	0.65
	Organizational Service Orientation	4.13	0.68
	Service Commitment	3.73	0.77
	Job Satisfaction	4.11	0.65
Dependent Variable	Service-oriented organizational citizenship behaviors (SO-OCBs)	4.48	0.65

4.4.1 Mean and Standard Deviation of Perceived Organizational Support (POS)

The mean and standard deviation of the independent variable “perceived organizational support (POS)” is shown in Table 4.12 (a) below. The most dominant factor in measuring POS value is the item “*The organization cares about my general satisfaction at work.*” which has the mean value of 4.56. Besides that, the item of “*The organization shows very little concern for me.*” has the lowest mean value which is merely 3.08. Value of 3.80 is the overall average mean for POS.

Table 4.12 (a)
Mean and Standard Deviation (POS) – Overall (N=443)

Items	Mean	Standard Deviation
The organization values my contribution to its well-being.	4.54	0.84
The organization fails to appreciate any extra effort from me.	3.13	1.17
The organization would ignore any complaint from me.	3.09	1.22
The organization really cares about my well-being.	4.37	0.86
Even I did the best job possible, the organization would fail to notice.	3.25	1.25
The organization cares about my general satisfaction at work.	4.56	0.84
The organization shows very little concern for me.	3.08	1.17
The organization takes pride in my accomplishments at work.	4.37	0.88
Average (POS)	3.80	0.65

For private hospitals, the mean and standard deviation of the independent variable “perceived organizational support (POS)” is shown in Table 4.12 (b) below. The most dominant factor in measuring POS value for the private hospital is the item “*The organization cares about my general satisfaction at work.*” which has the mean value of 4.71. Furthermore, the item of “*The organization would ignore any complaint from me.*” has the lowest mean value which is only 3.11. Value of 3.84 is the overall average mean for POS in private hospitals.

Table 4.12 (b)
Mean and Standard Deviation (POS) – Private (N=150)

Items	Mean	Standard Deviation
The organization values my contribution to its well-being.	4.59	0.93
The organization fails to appreciate any extra effort from me.	3.16	1.20
The organization would ignore any complaint from me.	3.11	1.22
The organization really cares about my well-being.	4.28	1.02
Even I did the best job possible, the organization would fail to notice.	3.31	1.31
The organization cares about my general satisfaction at work.	4.71	0.93
The organization shows very little concern for me.	3.12	1.15
The organization takes pride in my accomplishments at work.	4.42	1.01
Average (POS)	3.84	0.66

For the public hospital, the mean and standard deviation of the independent variable “perceived organizational support (POS)” is shown in Table 4.12 (c) below. The most dominant factor in measuring POS value for public hospital is the item “*The organization values my contribution to its well-being.*” which has the mean value of 4.52. Furthermore, the item of “*The organization shows very little concern for me.*” has the lowest mean value which is only 3.06. Value of 3.74 is the overall average mean for POS in public hospital.

Table 4.12 (c)
Mean and Standard Deviation (POS) – Public (N=293)

Items	Mean	Standard Deviation
The organization values my contribution to its well-being.	4.52	0.78
The organization fails to appreciate any extra effort from me.	3.11	1.16
The organization would ignore any complaint from me.	3.08	1.23
The organization really cares about my well-being.	4.42	0.77
Even I did the best job possible, the organization would fail to notice.	3.22	1.21
The organization cares about my general satisfaction at work.	4.48	0.78
The organization shows very little concern for me.	3.06	1.18
The organization takes pride in my accomplishments at work.	4.35	0.80
Average (POS)	3.78	0.64

4.4.2 Mean and Standard Deviation of Service Climate

Mean and standard deviation of items which used to measure “Service Climate” is demonstrated in Table 4.13 (a). The item “*High quality service is emphasized as the best way to keep patients.*” has the highest mean value that is 4.56. On the other hand, the item of “*If I perform job well, I receive appropriate recognition and reward.*” scored the lowest mean value which is only 3.81. The overall average mean for service climate is 4.30.

Table 4.13 (a)

Mean and Standard Deviation (Service Climate) – Overall (N= 443)

Items	Mean	Standard Deviation
I receive adequate support from workmates to perform my job well.	4.29	0.92
If I perform job well, I receive appropriate recognition and reward.	3.81	1.02
I have the guidelines materials I need to provide services.	4.30	0.83
My direct supervisor encourages me to deliver high quality service.	4.54	0.84
My direct supervisor is responsive to my requests for help or guidance.	4.37	0.88
My direct supervisor is very committed to improving the quality of our area's work and service.	4.42	0.91
High quality service is emphasized as the best way to keep patients.	4.56	0.84
My institution does a good job of keeping patients informed of changes, which affect them.	4.37	0.86
We are informed about patient evaluations of the quality of service.	4.19	0.82
My institution always responds to the patients' feedback and suggestions quickly.	4.16	0.85
Average (Service Climate)	4.30	0.65

For private hospitals, the mean and standard deviation of items which used to measure “Service Climate” are demonstrated in Table 4.13 (b). The item “*High quality service is emphasized as the best way to keep patients.*” has the highest mean value that is 4.71. Additionally, the item of “*If I perform job well, I receive appropriate recognition and reward.*” scored the lowest mean value which is only 3.67. The overall average mean for service climate in private hospitals is 4.32.

Table 4.13 (b)
Mean and Standard Deviation (Service Climate) – Private (N=150)

Items	Mean	Standard Deviation
I receive adequate support from workmates to perform my job well.	4.35	1.06
If I perform job well, I receive appropriate recognition and reward.	3.67	1.24
I have the guidelines materials I need to provide services.	4.29	1.00
My direct supervisor encourages me to deliver high quality service.	4.59	0.93
My direct supervisor is responsive to my requests for help or guidance.	4.42	1.01
My direct supervisor is very committed to improving the quality of our area's work and service.	4.49	1.09
High quality service is emphasized as the best way to keep patients.	4.71	0.93
My institution does a good job of keeping patients informed of changes, which affect them.	4.28	1.02
We are informed about patient evaluations of the quality of service.	4.22	0.94
My institution always responds to the patients' feedback and suggestions quickly.	4.23	0.96
Average (Service Climate)	4.32	0.78

For public hospital, the mean and standard deviation of items which used to measure “Service Climate” is shown in Table 4.13 (c). The item “*My direct supervisor encourages me to deliver high quality service.*” has the highest mean value that is 4.52. Besides that, the item of “*If I perform job well, I receive appropriate recognition and reward.*” scored the lowest mean value which is only 3.88. The overall average mean for service climate in public hospital is 4.29.

Table 4.13 (c)
Mean and Standard Deviation (Service Climate) – Public (N=293)

Items	Mean	Standard Deviation
I receive adequate support from workmates to perform my job well.	4.25	0.83
If I perform job well, I receive appropriate recognition and reward.	3.88	0.87
I have the guidelines materials I need to provide services.	4.30	0.73
My direct supervisor encourages me to deliver high quality service.	4.52	0.78
My direct supervisor is responsive to my requests for help or guidance.	4.35	0.80
My direct supervisor is very committed to improving the quality of our area's work and service.	4.39	0.80
High quality service is emphasized as the best way to keep patients.	4.48	0.78
My institution does a good job of keeping patients informed of changes, which affect them.	4.42	0.77
We are informed about patient evaluations of the quality of service.	4.17	0.75
My institution always responds to the patients' feedback and suggestions quickly.	4.12	0.79
Average (Service Climate)	4.29	0.58

4.4.3 Mean and Standard Deviation of Organizational Service Orientation (OSO)

Mean and standard deviation of items that examining "OSO" are indicated in the Table 4.14 (a). The highest mean value is 4.40 which for the item "*During training sessions, we work through exercises to identify and improve attitudes toward patients.*" The lowest mean value is for the statement of "*Employees go the 'extra mile' for patients.*" which is 3.91. The overall average mean value for OSO is 4.13.

Table 4.14 (a)
Mean and Standard Deviation (OSO) – Overall (N=443)

Items	Mean	Standard Deviation
Management is constantly measuring service quality.	4.14	0.85
Management shows that they care about service by constantly giving of themselves.	3.99	0.92
Managers give personal input and leadership into creating quality service.	4.14	0.86
Employees have freedom to act independently in order to provide excellent service.	4.00	1.02
Employees care for patients as they would like to be cared for.	4.26	0.91
Employees go the ‘extra mile’ for patients.	3.91	1.13
This organization noticeably celebrates excellent service.	4.01	1.05
Employees receive personal skills training that enhance his/her ability to deliver high quality service.	4.37	0.86
During training sessions, we work through exercises to identify and improve attitudes toward patients.	4.40	0.85
Average (OSO)	4.13	0.68

For private hospitals, the mean and standard deviation of items that examining “OSO” are indicated in the Table 4.14 (b). The highest mean value is 4.45 which for the item “*During training sessions, we work through exercises to identify and improve attitudes toward patients.*” The lowest mean value is for the statement of “*This organization noticeably celebrates excellent service.*” which is 3.90. The overall average mean value for OSO in private hospitals is 4.18.

Table 4.14 (b)
Mean and Standard Deviation (OSO) – Private (N=150)

Items	Mean	Standard Deviation
Management is constantly measuring service quality.	4.25	1.01
Management shows that they care about service by constantly giving of themselves.	3.99	1.12
Managers give personal input and leadership into creating quality service.	4.19	0.95
Employees have freedom to act independently in order to provide excellent service.	3.91	1.21
Employees care for patients as they would like to be cared for.	4.41	0.96
Employees go the 'extra mile' for patients.	4.16	1.07
This organization noticeably celebrates excellent service.	3.90	1.27
Employees receive personal skills training that enhance his/her ability to deliver high quality service.	4.39	0.94
During training sessions, we work through exercises to identify and improve attitudes toward patients.	4.45	0.86
Average (OSO)	4.18	0.79

For public hospital, the mean and standard deviation of items that examining “OSO” are tabulated in the Table 4.14 (c). The highest mean value is 4.37 which for the item “*During training sessions, we work through exercises to identify and improve attitudes toward patients.*” The lowest mean value is for the statement of “*Employees go the ‘extra mile’ for patients.*” which is 3.78. The overall average mean value for OSO in public hospitals is 4.11.

Table 4.14 (c)
Mean and Standard Deviation (OSO) – Public (N=293)

Items	Mean	Standard Deviation
Management is constantly measuring service quality.	4.09	0.75
Management shows that they care about service by constantly giving of themselves.	3.99	0.80
Managers give personal input and leadership into creating quality service.	4.11	0.81
Employees have freedom to act independently in order to provide excellent service.	4.04	0.91
Employees care for patients as they would like to be cared for.	4.19	0.88
Employees go the 'extra mile' for patients.	3.78	1.14
This organization noticeably celebrates excellent service.	4.06	0.91
Employees receive personal skills training that enhance his/her ability to deliver high quality service.	4.35	0.82
During training sessions, we work through exercises to identify and improve attitudes toward patients.	4.37	0.84
Average (OSO)	4.11	0.61

4.4.4 Mean and Standard Deviation of Service Commitment

In Table 4.15 (a), it illustrated the mean and standard deviation of items which measuring “Service Commitment”. The item “*This organization has a great deal of personal meaning for me.*” showed the highest mean value which is 3.94. The lowest mean value is gained by the item “*I enjoy discussing my organization with people outside it.*” which is 3.21. The overall mean for service commitment is 3.73.

Table 4.15 (a)
Mean and Standard Deviation (Service Commitment) – Overall (N=443)

Items	Mean	Standard Deviation
I really feel as if this organization's problems are my own.	3.66	1.11
I enjoy discussing my organization with people outside it.	3.21	1.24
I would be very happy to spend the rest of my career with this organization.	3.89	1.10
This organization has a great deal of personal meaning for me.	3.94	1.01
I feel that I have too few options to consider leaving this organization.	3.77	1.04
It would be very hard for me to leave my organization right now, even if I wanted to.	3.91	1.12
Average (Service Commitment)	3.73	0.77

For private hospitals, in Table 4.15 (b), it demonstrated the mean and standard deviation of items which measuring “Service Commitment”. The item “*This organization has a great deal of personal meaning for me.*” showed the highest mean value which is 3.87. The lowest mean value is gained by the item “*I enjoy discussing my organization with people outside it.*” which is 3.22 The overall mean for service commitment is 3.65 for private hospitals.

Table 4.15 (b)

Mean and Standard Deviation (Service Commitment) – Private (N=150)

Items	Mean	Standard Deviation
I really feel as if this organization's problems are my own.	3.67	1.26
I enjoy discussing my organization with people outside it.	3.22	1.37
I would be very happy to spend the rest of my career with this organization.	3.59	1.30
This organization has a great deal of personal meaning for me.	3.87	1.19
I feel that I have too few options to consider leaving this organization.	3.75	1.18
It would be very hard for me to leave my organization right now, even if I wanted to.	3.82	1.27
Average (Service Commitment)	3.65	0.95

For public hospital, in Table 4.15 (c), it demonstrated the mean and standard deviation of items which measuring “Service Commitment”. The item “*I would be very happy to spend the rest of my career with this organization.*” showed the highest mean value which is 4.04. The lowest mean value is gained by the item “*I enjoy discussing my organization with people outside it.*” which is 3.20. The overall mean for service commitment is 3.77 for public hospital.

Table 4.15 (c)
Mean and Standard Deviation (Service Commitment) – Public (N=293)

Items	Mean	Standard Deviation
I really feel as if this organization's problems are my own.	3.66	1.03
I enjoy discussing my organization with people outside it.	3.20	1.18
I would be very happy to spend the rest of my career with this organization.	4.04	0.94
This organization has a great deal of personal meaning for me.	3.98	0.89
I feel that I have too few options to consider leaving this organization.	3.77	0.96
It would be very hard for me to leave my organization right now, even if I wanted to.	3.95	1.04
Average (Service Commitment)	3.77	0.67

4.4.5 Mean and Standard Deviation of Job Satisfaction

The mean and standard deviation of items which used to examine “Job Satisfaction” is represented in the Table 4.16 (a) below. The item “*I have the chance to do things for other people.*” has the highest value of mean which is 4.47. The lowest mean value is item “*My pay and the amount of work I do are equal.*” which is 3.04. The overall average mean for job satisfaction is 4.11.

Table 4.16 (a)
Mean and Standard Deviation (Job Satisfaction) – Overall (N=443)

Items	Mean	Standard Deviation
I have the chance to be “somebody” in the community.	4.16	0.91
I am being able to do things that don’t go against my conscience.	4.21	1.03
I have the chance to do things for other people.	4.47	0.88
I have the chance to tell people what to do.	4.34	0.86
I have the chance to do something that makes use of my abilities.	4.40	0.84
My pay and the amount of work I do are equal.	3.04	1.38
The working conditions in the organization are good.	4.18	0.91
I am happy the way my co-workers get along with each other.	4.28	0.95
I get the praise I get for doing a good job.	3.93	0.98
The feeling of accomplishment I get from the job is high.	4.12	0.95
Average (Job Satisfaction)	4.11	0.65

For private hospitals, the mean and standard deviation of items which used to examine “Job Satisfaction” is represented in the Table 4.16 (b) below. The item “*I have the chance to do things for other people.*” has the highest value of mean which is 4.57. The lowest mean value is item “*My pay and the amount of work I do are equal.*” which is 3.21. The overall average mean for job satisfaction in private hospitals is 4.12.

Table 4.16 (b)
Mean and Standard Deviation (Job Satisfaction) – Private (N=150)

Items	Mean	Standard Deviation
I have the chance to be “somebody” in the community.	4.03	1.10
I am being able to do things that don’t go against my conscience.	4.26	1.19
I have the chance to do things for other people.	4.57	0.99
I have the chance to tell people what to do.	4.30	1.03
I have the chance to do something that makes use of my abilities.	4.43	1.00
My pay and the amount of work I do are equal.	3.21	1.39
The working conditions in the organization are good.	3.99	1.11
I am happy the way my co-workers get along with each other.	4.35	1.12
I get the praise I get for doing a good job.	3.90	1.18
The feeling of accomplishment I get from the job is high.	4.13	1.09
Average (Job Satisfaction)	4.12	0.80

For public hospital, the mean and standard deviation of items which used to examine “Job Satisfaction” is shown in the Table 4.16 (c) below. The item “*I have the chance to do things for other people.*” has the highest value of mean which is 4.43. The lowest mean value is item “*My pay and the amount of work I do are equal.*” which is 2.95. The overall average mean for job satisfaction in public hospital is 4.11.

Table 4.16 (c)
Mean and Standard Deviation (Job Satisfaction) – Public (N=293)

Items	Mean	Standard Deviation
I have the chance to be “somebody” in the community.	4.22	0.78
I am being able to do things that don’t go against my conscience.	4.18	0.95
I have the chance to do things for other people.	4.43	0.82
I have the chance to tell people what to do.	4.36	0.77
I have the chance to do something that makes use of my abilities.	4.38	0.75
My pay and the amount of work I do are equal.	2.95	1.36
The working conditions in the organization are good.	4.28	0.76
I am happy the way my co-workers get along with each other.	4.24	0.86
I get the praise I get for doing a good job.	3.95	0.86
The feeling of accomplishment I get from the job is high.	4.11	0.87
Average (Job Satisfaction)	4.11	0.55

4.4.6 Mean and Standard Deviation of SO-OCBs

The mean and standard deviation of dependent variable “SO-OCBs” are displayed in the Table 4.17 (a) below. The item “*I always have a positive attitude at work.*” has the highest mean value that is 4.60. Furthermore, the item of “*I frequently present to others creative solutions to patient problems.*” scored the lowest mean value which is only 4.30. The overall average mean for SO-OCBs is 4.48.

Table 4.17 (a)
Mean and Standard Deviation (SO-OCBs) – Overall (N=443)

Items	Mean	Standard Deviation
I encourage friends and family to use the hospital services.	4.54	0.91
I always have a positive attitude at work.	4.60	0.87
I tell people in other organizations that this is a good organization to work for.	4.35	0.97
I frequently present to others creative solutions to patient problems.	4.30	0.78
I follow customer-service guidelines with extreme care.	4.49	0.81
I say good things about the organization to others.	4.51	0.89
I follow up initial actions in response to patient’s requests and problems in a timely manner.	4.50	0.81
I encourage coworkers to contribute ideas and suggestions for service improvement.	4.53	0.81
I generate favorable goodwill for the organization.	4.51	0.82
Average (SO-OCBs)	4.48	0.65

For private hospitals, the mean and standard deviation of dependent variable “SO-OCBs” is demonstrated in the Table 4.17 (b) below. The item “*I follow up initial actions in response to patient’s requests and problems in a timely manner.*” has the highest mean value that is 4.62. Furthermore, the item of “*I tell people in other organizations that this is a good organization to work for.*” scored the lowest mean value which is only 4.10. The overall average mean for SO-OCBs in private hospitals is 4.40.

Table 4.17 (b)
Mean and Standard Deviation (SO-OCBs) – Private (N=150)

Items	Mean	Standard Deviation
I encourage friends and family to use the hospital services.	4.37	0.94
I always have a positive attitude at work.	4.48	0.92
I tell people in other organizations that this is a good organization to work for.	4.10	1.09
I frequently present to others creative solutions to patient problems.	4.28	0.82
I follow customer-service guidelines with extreme care.	4.41	0.84
I say good things about the organization to others.	4.39	0.93
I follow up initial actions in response to patient’s requests and problems in a timely manner.	4.62	0.86
I encourage coworkers to contribute ideas and suggestions for service improvement.	4.43	0.85
I generate favorable goodwill for the organization.	4.52	0.84
Average (SO-OCBs)	4.40	0.67

For public hospital, the mean and standard deviation of dependent variable “SO-OCBs” are illustrated in the Table 4.17 (c) below. The item “*I always have a positive attitude at work.*” has the highest mean value that is 4.66. On the other hand, the item of “*I frequently present to others creative solutions to patient problems.*” scored the lowest mean value which is only 4.32. The overall average mean for SO-OCBs in public hospital is 4.52.

Table 4.17 (c)
Mean and Standard Deviation (SO-OCBs) – Public (N=293)

Items	Mean	Standard Deviation
I encourage friends and family to use the hospital services.	4.63	0.88
I always have a positive attitude at work.	4.66	0.83
I tell people in other organizations that this is a good organization to work for.	4.47	0.87
I frequently present to others creative solutions to patient problems.	4.32	0.77
I follow customer-service guidelines with extreme care.	4.53	0.79
I say good things about the organization to others.	4.57	0.87
I follow up initial actions in response to patient's requests and problems in a timely manner.	4.43	0.78
I encourage coworkers to contribute ideas and suggestions for service improvement.	4.58	0.78
I generate favorable goodwill for the organization.	4.51	0.81
Average (SO-OCBs)	4.52	0.63

4.5 ACHIEVING THE OBJECTIVES OF RESEARCH

In this section, it will discuss the tests which used to achieve all of the objectives of this study. The results of each hypothesis will also be explained in this section.

4.5.1 Achieving Objective 1

Objective 1 is to determine the significant difference in service-oriented organizational citizenship behaviors (SO-OCBs) between gender and employment sector among nurses at hospital.

The Independent T-Test was used to achieve this objective. The hypotheses which related to this objective are as below:

Hypothesis 1

H1: There is significant difference in SO-OCBs between gender (H1a) and employment sector (H1b) among nurses.

H1a: Gender

Independent sample T-Test between gender and SO-OCBs is shown in Table 4.18. The results indicated that the mean value for female respondents (mean = 4.74, standard deviation = 0.68) is higher than the mean value for male respondents (mean = 4.46, standard deviation = 0.64). This result illustrated that female respondent have a higher tendency to answer the questionnaire as compared to male respondents.

Based on Table 4.18, p-value is 0.724 (greater than 0.05) for Levene's Test displayed that the sample is Equal variances assumed. The results demonstrated that there is significant difference in the mean values on SO-OCBs between male and female

respondents (t-value = -2.139, p = 0.033) since the value Sig. is lower than 0.05. Therefore, H1a is accepted.

Table 4.18
Independent Sample T-Test between Gender and SO-OCBs

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	T	df	Sig. (2-tailed)
SO-OCBs	Equal variances assumed	.125	.724	-2.139	441	.033
	Equal variances not assumed			-2.024	29.055	.052
Gender		N	Mean	Standard Deviation	Std. Error Mean	
SO-OCBs	Male	416	4.4637	.64002	.03138	
	Female	27	4.7366	.68156	.13117	

H1b: Employment Sector

Table 4.19 shows that the independent sample T-Test between employment sector and SO-OCBs. The results indicated that the mean value for public sector respondents (mean = 4.52, standard deviation = 0.63) is higher than the mean value for private sector respondents (mean = 4.40, standard deviation = 0.67).

As referred to the Levene's test result, it showed that p-value is 0.43 (greater than 0.05) indicated that the sample is Equal variances assumed. Therefore, the results display that there is no significant difference in the mean scores on SO-OCBs between public and private sector respondents (t-value = -1.898, p = 0.058) since the value Sig. is greater than 0.05. As a result, there is no significant difference of SO-OCBs between employment sectors among nurses at hospital. H1b is rejected.

Table 4.19
Independent Sample T-Test between Employment Sector and SO-OCBs

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	T	Df	Sig. (2-tailed)
SO-OCBs	Equal variances assumed	.624	.430	-1.898	441	.058
	Equal variances not assumed			-1.859	284.310	.064
		Employment Sector	N	Mean	Standard Deviation	Std. Error Mean
SO-OCBs	Private		150	4.3993	.67003	.05471
	Public		293	4.5218	.62914	.03675

4.5.2 Achieving Objective 2

Objective 2 of this study pointed out that there is significant difference in SO-OCBs between age group, ethnic group, religion, marital status, highest educational level, length of service, and category of the nurses. One-Way Analysis of Variance (One-Way ANOVA) is utilized to determine whether there is a significant difference among the population of this study towards SO-OCBs. Therefore, One-Way ANOVA has been conducted in order to achieve Objective 2. The hypothesis is as follows:

Hypothesis H2

H2: There is significant difference in SO-OCBs between age group (H2a), ethnic group (H2b), religion (H2c), marital status (H2d), highest educational level (H2e), length of service (H2f), and categories of nurses (H2g) among nurses at hospitals:

H2a: Age Groups

Based on Table 4.20, it illustrated that there is a significant difference between age group towards SO-OCBs. The significant level is at 0.021 ($F= 2.916, p < 0.05$). Therefore, H2a is accepted based on the analysis.

Table 4.20
One-Way ANOVA between Age Group and SO-OCBs

		Sum of Squares	Df	Mean Squares	F	Sig.
SO-OCBs	Between Groups	4.772	4	1.193	2.916	.021
	Within Groups	179.189	438	.409		
	Total	183.961	442			

H2b: Ethnic Group

In Table 4.21, it showed that there is significant difference between SO-OCBs and ethnic group among nurses at hospital. The results interpreted that significant level occur at 0.002 ($F= 5.076$, $p < 0.05$). Thus, H2b is accepted.

Table 4.21
One-Way ANOVA between Ethnic Group and SO-OCBs

		Sum of Squares	Df	Mean Squares	F	Sig.
SO-OCBs	Between Groups	6.168	3	2.056	5.076	.002
	Within Groups	177.793	439	.405		
	Total	183.961	442			

H2c: Religion

Table 4.22 demonstrated that there is significant difference between religions of nurses towards SO-OCBs. The significant level is at 0.032 ($F= 2.319$, $p < 0.05$). Based on the analysis, H2c is accepted.

Table 4.22
One-Way ANOVA between Religion and SO-OCBs

		Sum of Squares	Df	Mean Squares	F	Sig.
SO-OCBs	Between Groups	5.689	6	.948	2.319	.032
	Within Groups	178.272	436	.409		
Total		183.961	442			

H2d: Marital Status

Table 4.23 illustrated that there is significant difference between of nurses' marital status towards SO-OCBs. The significant level is 0.010 ($F= 3.797, p < 0.05$). Thus, based on the analysis, H2d is accepted.

Table 4.23
One-Way ANOVA between Marital Status and SO-OCBs

		Sum of Squares	Df	Mean Squares	F	Sig.
SO-OCBs	Between Groups	4.653	3	1.551	3.797	.010
	Within Groups	179.308	439	.408		
Total		183.961	442			

H2e: highest Educational Level of Respondents

By referring to Table 4.24, there is significant difference between highest education level (STPM, Diploma, Degree, Master, Phd, and others) on nurses' SO-OCBs. The significant level is occur at 0.001 ($F= 3.995$, $p < 0.05$). Thus, based on the analysis, H2e is accepted.

Table 4.24
One-Way ANOVA between Highest Education Level and SO-OCBs

		Sum of Squares	Df	Mean Squares	F	Sig.
SO-OCBs	Between Groups	8.041	5	1.608	3.995	.001
	Within Groups	175.920	437	.403		
	Total	183.961	442			

H2f: Length of Service of Respondents

Table 4.25 showed that there is a significant difference between nurses' length of service and SO-OCBs. Significant level result is at 0.003 ($F= 3.711$, $p < 0.05$). Therefore, H2f is accepted based on the analysis.

Table 4.25
One-Way ANOVA between Length of Service and SO-OCBs

		Sum of Squares	Df	Mean Squares	F	Sig.
SO-OCBs	Between Groups	7.492	5	1.498	3.711	.003
	Within Groups	176.469	437	.404		
	Total	183.961	442			

H2g: Categories of Nurses

Table 4.26, it showed that there is no significant difference between SO-OCBs and categories of nurses among nurses at hospital. The results interpreted that significant level occur at 0.479 ($F= 0.875, p > 0.05$). Thus, H2g is rejected.

Table 4.26
One-Way ANOVA between Categories of Nurses and SO-OCBs

		Sum of Squares	Df	Mean Squares	F	Sig.
SO-OCBs	Between Groups	1.459	4	.365	.875	.479
	Within Groups	182.502	438	.417		
Total		183.961	442			

The summary of the One-way ANOVA analysis test is tabulated in Table 4.27 as below:

Table 4.27
Summary Result of the One-Way ANOVA Analysis

Hypothesis	Accepted or Rejected
Hypothesis 2a	Accepted
Hypothesis 2b	Accepted
Hypothesis 2c	Accepted
Hypothesis 2d	Accepted
Hypothesis 2e	Accepted
Hypothesis 2f	Accepted
Hypothesis 2g	Rejected

4.5.3 Achieving Objective 3

Objective 3 aims to examine the relationship between perceived organizational support (POS), service climate, organizational service orientation (OSO), service commitment, and job satisfaction towards service-oriented organizational citizenship behaviors (SO-OCBs) among nurses at hospital. The Pearson correlation analysis was utilized to explain the relationship between independent variables (perceived organizational support (POS), service climate, organizational service orientation (OSO), service commitment, and job satisfaction) and dependent variable (SO-OCBs). In order to achieve Objective 3, Pearson Correlation analysis was used. The hypothesis of this objective is as below:

Hypothesis 3

H3: There is significant relationship between perceived organizational support (H3a), service climate (H3b), organizational service orientation (H3c), service commitment (H3d), and job satisfaction (H3e) towards SO-OCBs among nurses at hospital.

H3a: Perceived Organizational Support

Table 4.28 demonstrated the result of Pearson Correlation between perceived organizational support (POS) and SO-OCBs among nurses at hospital. There is significant relationship between POS and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2- tailed). Besides that, the positive value of Pearson Correlation with $r = 0.396$, it indicated that there is weak relationship between POS and SO-OCBs.

This study also attempted to exhibit the Pearson Correlation Analysis segregated by employment sector (public and private hospital). For private hospitals, there is significant relationship between POS and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2-tailed). Next, the positive value of Pearson Correlation with $r = 0.431$, it indicated that there is moderate relationship between POS and SO-OCBs. For public hospital, there is also a significant relationship between POS and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2-tailed). Additionally, the positive value of Pearson Correlation with $r = 0.385$, it showed that there is weak relationship between POS and SO-OCBs. Thus, H3a is accepted.

Table 4.28
Correlation between POS and SO-OCBs

		Private Sector	Government Sector	Overall
SO-OCBs	Pearson Correlation	0.431**	.385**	0.396**
	Sig. (2-tailed)	0.000	0.000	0.000
	N	150	293	443

** . Correlation is significant at the 0.01 level (2-tailed).

H3b: Service Climate

Table 4.29 indicates the Pearson Correlation result between service climate and SO-OCBs among nurses at hospital. There is a significant relationship between service climate and SO-OCBs with sig value 0.000 ($p < 0.01$, Sig. 2-tailed). Furthermore, the positive value of Pearson Correlation with $r = 0.671$, it indicated that there is strong relationship between service climate and SO-OCBs.

This study also exhibited the Pearson Correlation Analysis that separated by employment sector (public and private hospital). For private hospitals, there is significant relationship between service climate and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2-tailed). Besides that, the positive value of Pearson Correlation with $r = 0.683$, it illustrated that there is strong relationship between service climate and SO-OCBs. For public hospital, there is also significant relationship between POS and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2-tailed). In addition, the positive value of Pearson Correlation with $r = 0.678$, it indicated that there is strong relationship between service climate and SO-OCBs. Therefore, H3b is accepted.

Table 4.29
Correlation between service climate and SO-OCBs

		Private Sector	Government Sector	Overall
SO-OCBs	Pearson Correlation	0.683**	0.678**	0.671**
	Sig. (2-tailed)	0.000	0.000	0.000
	N	150	293	443

** . Correlation is significant at the 0.01 level (2-tailed).

H3c: Organizational Service Orientation

Table 4.30 demonstrated the Pearson Correlation result between organizational service orientation (OSO) and SO-OCBs among nurses at hospital. There is a significant relationship between OSO and SO-OCBs with sig value 0.000 ($p < 0.01$, Sig. 2-tailed). Moreover, the positive value of Pearson Correlation with $r = 0.554$ signifies that there is moderate relationship between OSO and SO-OCBs.

This study also displayed the Pearson Correlation Analysis that separated by employment sector (public and private hospital). For private hospitals, there is significant relationship between service climate and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2-tailed). Besides that, the positive value of Pearson Correlation with $r = 0.606$, it indicated that there is strong relationship between OSO and SO-OCBs. For public hospital, there is also significant relationship between OSO and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2-tailed). In addition, the positive value of Pearson Correlation with $r = 0.535$, it illustrated that there is moderate relationship between OSO and SO-OCBs. Therefore, H3c is accepted.

Table 4.30
Correlation between OSO and SO-OCBs

		Private Sector	Government Sector	Overall
SO-OCBs	Pearson Correlation	0.606**	0.535**	0.554**
	Sig. (2-tailed)	0.000	0.000	0.000
	N	150	293	443

** . Correlation is significant at the 0.01 level (2-tailed).

H3d: Service Commitment

Table 4.31 indicated the Pearson Correlation result between service commitment and SO-OCBs among nurses at hospital. There is a significant relationship between service commitment and SO-OCBs with sig value 0.000 ($p < 0.01$, Sig. 2-tailed). Next, the positive value of Pearson Correlation with $r = 0.428$ means that there is moderate relationship between service commitment and SO-OCBs.

In this study, Pearson Correlation Analysis has also been conducted by interpreting the results of employment sector (public and private hospital) separately. For private hospitals, there is significant relationship between service commitment and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2- tailed). Moreover, the positive value of Pearson Correlation with $r = 0.596$, it indicated that there is moderate relationship between service commitment and SO-OCBs. For public hospital, there is also significant relationship between service commitment and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2- tailed). Next, the positive value of Pearson Correlation with $r = 0.300$, it illustrated that there is weak relationship between service commitment and SO-OCBs. Thus, H3d is accepted.

Table 4.31
Correlation between Service Commitment and SO-OCBs

		Private Sector	Government Sector	Overall
SO-OCBs	Pearson Correlation	0.596**	0.300**	0.428**
	Sig. (2-tailed)	0.000	0.000	0.000
	N	150	293	443

** . Correlation is significant at the 0.01 level (2-tailed).

H3e: Job Satisfaction

Table 4.32 represented the Pearson Correlation result between job satisfaction and SO-OCBs among nurses at hospital. There is a significant relationship between job satisfaction and SO-OCBs with sig value 0.000 ($p < 0.01$, Sig. 2-tailed). Next, the positive value of Pearson Correlation with $r = 0.564$ means that there is moderate relationship between job satisfaction and SO-OCBs.

This study also demonstrated the Pearson Correlation Analysis that separated by employment sector (public and private hospital). For private hospitals, there is significant relationship between job satisfaction and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2- tailed). Furthermore, the positive value of Pearson Correlation with $r = 0.628$, it illustrated that there is strong relationship between job satisfaction and SO-OCBs. For public hospital, there is also significant relationship between job satisfaction and SO-OCBs with sig value of 0.000 ($p < 0.01$, Sig. 2- tailed). In addition, the positive value of Pearson Correlation with $r = 0.529$, it illustrated that there is moderate relationship between job satisfaction and SO-OCBs. Thus, H3e is accepted.

Table 4.32
Correlation between Job Satisfaction and SO-OCBs

		Private Sector	Government Sector	Overall
SO-OCBs	Pearson Correlation	0.628**	0.529**	0.564**
	Sig. (2-tailed)	0.000	0.000	0.000
	N	150	293	443

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4.33 illustrated the summary of results from all of the Pearson Correlation analysis which has been conducted between the dimension of dependent and independent variables. The result indicated that all of the hypotheses in this study are accepted.

Table 4.33
Summary Result of Pearson Correlation Analysis

Hypothesis	Accepted or Rejected
Hypothesis 3a	Accepted.
Hypothesis 3b	Accepted.
Hypothesis 3c	Accepted.
Hypothesis 3d	Accepted.
Hypothesis 3e	Accepted.

4.5.4 Achieving Objective 4

Objective 4 is to examine the influence of perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction towards SO-OCBs among nurses at hospital. Multiple regression analysis has been used to examine the link between more than two variables in the study. It is vital to evaluate the how a dependent variable is related to two or more independent variables. In achieving Objective 4, multiple regression analysis will be applied to determine the significant influence between independent variables towards SO-OCBs among nurses. Thus, regression analysis will be utilized to achieve this purpose.

Hypothesis 4

H4: There is significant influence between perceived organizational support (H4a), service climate (H4b), organizational service orientation (H4c), service commitment (H4d), and job satisfaction (H4e) towards SO-OCBs among nurses at hospital.

a. Regression Analysis on Coefficient of Determination (R²)

The coefficient of determination (R²) can be described as a statistical technique which use to measure and elaborate how the variance can predict the relations with another variable. The main focus of R² has explained the changes of independent variables (perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction). Table 4.34 represented the model summary of multiple regression analysis. From this table, the analysis indicated that the value of adjusted R² was 0.478. Besides that, the independent variables which include perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction were elaborated that 47.8% of the changes in the dependent variable (SO-OCBs) as tested in the model. Hence, the result showed that it had 47.8% of influence to SO-OCBs (dependent variable).

Table 4.34
Regression Analysis on Model Summary

Model	R	R Square
1	.691 ^a	.478

b. ANOVA Test

According to Winter (2011), the higher the F-value, the higher the significant effect. In other words, if the F-value is larger, it indicated that the more variance in the dependent variable. Furthermore, the result is considered insignificant if the P-value is greater than 0.05. On the other hand, the result is significant if the P-value is below than 0.05. As referred to Table 4.35, the F-ratio is 80.003 in the regression analysis of ANOVA and the significant level is at 0.000.

Table 4.35
One-Way ANOVA

Model	F	Sig.
1	80.003	.000 ^b

c. Regression Analysis of Coefficient

Regression analysis will be used in examining the coefficient between independent variables and dependent variable. Beta indicates that the higher the value of beta in independent variables, the higher the influence toward dependent variable. Table 4.36 indicated the result of Regression Analysis of Coefficient tests. The Table below demonstrated that Beta of independent variable perceived organizational support is 0.065, service climate is 0.515, organizational service orientation is -0.044, service commitment is 0.066, and job satisfaction result is 0.183. According to Freedman (2009), the factor has the stronger contribution to influence the dependent variable if the factor has the higher absolute value of beta coefficient. Therefore, based on the

result, service climate has the highest influence whereas OSO has the lowest influence on the dependent variable (SO-OCBs) among nurses at hospital.

Table 4.36
Regression Analysis of Coefficient

Model	B	Beta	T	Significant
Constant	1.264		7.297	0.000
POS	0.065	0.065	1.608	0.109
Service Climate	0.508	0.515	8.164	0.000
OSO	-0.042	-0.044	-0.697	0.486
Service Commitment	0.055	0.066	1.436	0.152
Job Satisfaction	0.182	0.183	3.395	0.001

a. Dependent Variable: SO-OCBs

On the other hand, the factor is a significant contribution to the level of influence towards dependent variable if the significant value is below than 0.05. If the p-value is lower, the confidence is higher in rejecting the null hypothesis in support of the alternative hypothesis (Figueiredo Filho, Paranhos, Rocha, Batista, Silva Jr, Santos, & Marino, 2013). In other words, if the value is less than 0.05, it means that the factor is contributing significant influence on dependent variable. Based on the analysis, there are 2 independent variables are significant influence toward SO-OCBs among nurses, which are service climate value ($p = 0.000$) and job satisfaction value ($p = 0.001$). Hence, hypothesis H4b and h4e are accepted. However, independent variables which are POS ($p=0.109$), OSO ($p=0.486$), and service commitment ($p= 0.152$) are not significant influence towards SO-OCBs. Hence, H4a, H4c, and H4d are rejected.

Additionally, in order to explain the result in more details, the study also conducted the analysis by separating the employment sector which is private and public hospital. The result for private hospital is tabulated as below.

d. Regression Analysis on Coefficient of Determination (R²) - Private Hospital

Table 4.37 represented the model summary of multiple regression analysis. From this table, the analysis indicated that the value of adjusted R² was 0.509. Next, the independent variables which include perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction were elaborated that 50.9% of the changes in the dependent variable (SO-OCBs) as tested in the model. Hence, the result showed that it had 50.9% of influence to SO-OCBs (dependent variable) for private hospital.

Table 4.37
Regression Analysis on Model Summary for Private Hospital

Model	R	R Square
1	0.714	0.509

e. ANOVA Test for Private Hospital

The Table 4.38 displayed that the F-ratio is 29.899 in the regression analysis of ANOVA and the significant level is at 0.000. The P-value is less than 0.05 and this indicated that the result is significant.

Table 4.38
ANOVA test for Private Hospital

Model	F	Sig.
1	29.899	0.000

f. Regression Analysis of Coefficient for Private Hospital

Table 4.39 indicated the result of Regression Analysis of Coefficient tests for private hospital. This table exhibited that Beta of independent variable perceived organizational support is 0.078, service climate is 0.435, organizational service orientation is -0.066, service commitment is 0.179, and job satisfaction result is 0.178. Hence, based on the result, service climate has the highest influence whereas OSO has the lowest influence on the dependent variable (SO-OCBs) among nurses at private hospital.

Table 4.39
Regression Analysis of Coefficient for Private Hospital

Model	B	Beta	T	Sig.
Constant	1.641		6.215	0.000
POS	0.078	0.078	1.110	0.269
Service Climate	0.374	0.435	3.657	0.000
OSO	-0.056	-0.066	-0.550	0.583
Service Commitment	0.126	0.179	1.957	0.052
Job Satisfaction	0.149	0.178	1.652	0.101

a. Dependent Variable: SO-OCBs

Based on the analysis, the independent variable of service climate value ($p = 0.000$) is significant influence toward SO-OCBs among nurses at private hospital as the significant value is less than 0.05, which means the model is a significant influence factor. Therefore, for private hospital, hypothesis H4b is accepted. In contrast, independent variables which are POS ($p=0.269$), OSO ($p=0.583$), and service commitment ($p= 0.052$), and job satisfaction ($p= 0.101$) are not significant influence towards SO-OCBs. Hence, H4a, H4c, H4d, and H4e are rejected.

Next, the result for public hospital – Penang General Hospital is tabulated as below.

g. Regression Analysis on Coefficient of Determination (R²) - Public Hospital

Table 4.40 represented the model summary of multiple regression analysis. From this table, the analysis indicated that the value of adjusted R² was 0.491. Next, the independent variables which include perceived organizational support, service climate, organizational service orientation, service commitment, and job satisfaction were elaborated that 49.1% of the changes in the dependent variable (SO-OCBs) as tested in the model. Hence, the result showed that it had 49.1% of influence to SO-OCBs (dependent variable) for public hospital.

Table 4.40
Regression Analysis on Model Summary for Public Hospital

Model	R	R Square
1	0.701	0.491

h. ANOVA Test for Public Hospital

The Table 4.41 illustrated that the F-ratio is 55.355 in the regression analysis of ANOVA and the significant level is at 0.000. The P-value is less than 0.05 and this meant that the result is significant.

Table 4.41
ANOVA test for Public Hospital

Model	F	Sig.
1	55.355	0.000

i. Regression Analysis of Coefficient for Public Hospital

Table 4.42 exhibited the result of Regression Analysis of Coefficient tests for public hospital. This table illustrated that Beta of independent variable perceived organizational support is 0.049, service climate is 0.545, organizational service orientation is -0.022, service commitment is 0.025, and job satisfaction result is 0.202. Thus, based on the result, service climate has the highest influence whereas OSO has the lowest influence on the dependent variable (SO-OCBs) among nurses at public hospital.

Table 4.42
Regression Analysis of Coefficient for Public Hospital

Model	B	Beta	T	Sig.
Constant	0.859		3.581	0.000
POS	0.048	0.049	0.982	0.327
Service Climate	0.592	0.545	7.550	0.000
OSO	-0.022	-0.022	-0.303	0.762
Service Commitment	0.024	0.025	0.487	0.627
Job Satisfaction	0.229	0.202	3.470	0.001

a. Dependent Variable: SO-OCBs

Based on the analysis, the independent variable of service climate value ($p = 0.000$) is significant influence toward SO-OCBs among nurses at public hospital as the significant value is less than 0.05, which means the model is a significant influence factor. Therefore, for public hospital, hypothesis H4b and H4e are accepted. However, independent variables which are POS ($p=0.327$), OSO ($p=0.762$), and service commitment ($p= 0.627$) are not significant influence towards SO-OCBs. Hence, H4a, H4c, and H4d are rejected.

4.6 CHAPTER CONCLUSION

The results of this study were obtained by utilizing analytical approaches which are Independent sample T-Test, One-Way ANOVA, Pearson Correlation and multiple regression analysis. The results of this study indicated that all of the independent variables were considered significant relationship with SO-OCBs among nurses and it also demonstrated. In addition, one of the independent variables (service climate) has positive strong relationship and three independent variables (organizational service orientation, service commitment, and job satisfaction) have moderate relationship with the dependent variable. However, one independent variable (perceived organizational support) has weak relationship. In addition, there are two independent variables (service climate and job satisfaction) which have significant influence on SO-OCBs among nurses at hospital. Separately, the independent variable which has significant influence towards SO-OCBs among nurses in private hospital is merely service climate, whereas, in public hospital, both service climate and job satisfaction have significant influence on SO-OCBs among nurses.

CHAPTER 5

DISCUSSION, LIMITATION, RECOMMENDATIONS AND CONCLUSION

5.0 CHAPTER INTRODUCTION

This chapter will discuss the findings of the study. In this chapter, it comprises of four major areas which are (a) discussion, (b) Limitation of the study, (c) Recommendations, and (d) Conclusion. The discussion will summarize the background information of respondents and the conducted results from the analysis. Besides that, the limitation of the study will elaborate regarding limitation and the ways to overcome. Furthermore, the recommendations parts will cover the suggestions on future studies. Ultimately, the conclusion will make conclusion about this study.

5.1 DISCUSSION

The main focus and purpose of this study is to examine the factors influencing service-oriented organizational citizenship behaviors (SO-OCBs) among nurses at hospital. Questionnaires have been distributed to public hospital and private hospitals some of the questionnaires were eliminated due to incompleteness of answer. Simple random sampling has been conducted in collecting data from nurses in public and private hospitals. Statistical Packages of Social Science (SPSS) version 22.0 was applied to analyze the level of significance, relationship, as well as influence between perceived

organizational support (POS), service climate, organizational service orientation (OSO), service commitment, job satisfaction, and SO-OCBs.

5.1.1 Descriptive Analysis

In this study, demographic factors which consist of gender, age, ethnic group, religion, marital status, highest educational level, length of service in organization, and categories of nurses were employed to describe the respondents' characteristic. In terms of respondents' gender, most of the respondents are female. In the aspect of age, majority of respondents were among the middle age.

On the other hand, with respect to ethnic group, the results indicated that majority of the respondents are Malay, followed by Chinese, Indian and the remaining is in others category. In addition, with the aspect to religion of respondents, majority of the respondents are Muslim, followed by Buddhist, Hindus, Christian, Freethinker, Sukyo Mahikari , and the remaining is categorized in others.

In addition, with respect to marital status, majority of the respondents are married, followed by single, complicated and divorced.

In relation to the highest education level of respondents, the most high number of academic qualification achieved by respondents were diploma, followed by first degree, STPM, SPM, certificate, and the remaining had a Master degree.

In this study, the results indicated that the respondents' length of service between 2 to 5 years were the largest, followed by length of service between 6 – 10 years, length of service between 11 – 15 years, length of service in the organization of ≥ 21 years, length of service in the organization of less than 1 year, and length of service between 16 to 20 years.

In terms of categories of nurses, most of the nurses were in the category of staff nurse. Next, followed by nurses, senior staff nurses, followed by others, and the remaining were nurse manager.

Furthermore, in terms of employment sector, most of the respondents were in public sector, whereas the rest were in the private sector.

5.1.2 Independent Sample T-Test

Independent sample T-Test was conducted to achieve Objective 1 in this study. Based on the analysis that carried out by using Sample T-Test, H1a is accepted. This indicated that there is significant difference of SO-OCBs between genders among nurses at hospital. Past studies revealed that has influence on OCB, with female are being more likely to engage in OCBs (Kidder, 2002; Kidder & McLean Parks, 2001). In the study conducted by Hazzi and Maldaon (2012), one of the personal characteristics which are gender can estimate prosocial behaviors (Brief & Motowidlo, 1986). The statement has been supported by the study of Yung Chou and Lopez-Rodriguez (2013) mentioned that gender, age, and tenure with the organization are related to OCBs. However, there are also the previous finding demonstrated that gender is not related to OCBs (Podsakoff, MacKenzie, Paine, & Bachrach, 2000). Similarly, the result is supported by a study conducted by Yang (2012) which reviewed that there is insignificant difference between the sample and total respondents in gender in this study.

On the other hand, the independent sample T-Test for H1b is rejected. The results illustrated that there is no significant difference in the mean scores on SO-OCBs between public and private sector's respondents. However, previous study by author Balalis has mentioned that the average's value of organizational citizenship behavior indicated a significant difference between the private and public sectors and this has been supported by another study which conducted by Sharma, Bajpai, and Holani (2010) who also mentioned that a significant difference can be seen between public sector and private sector organization in terms of OCBs.

5.1.3 One Way Analysis of Variance (ANOVA)

One way ANOVA test was used to achieve Objective 2 in this study. One Way Analysis of Variance was employed to confirm the relationship, the results indicated that six hypotheses (H2a, H2b, H2c, H2d, H2e, H2f) are accepted and 1 hypothesis (H2g) is rejected. In relation to the results which indicated that H2a is accepted. This means that there is significant difference between age group towards SO-OCBs among nurses at hospital. The results were supported by a study conducted by Tsai and Wu (2010), which explained that the nurses who are older in terms of age will perform more SO-OCBs as compared to younger nurses. Similarly, other studies also reported that SO-OCBs will increase with age (Koberg, Wayne, Goodman, Boss, & Monsen, 2005) and health staffs who aged ≥ 41 years will more regularly perform discretionary behaviors (Güler, 2009).

In terms of the results of H2b, it showed that there is significant difference between SO-OCBs and ethnic group among nurses at hospital and therefore H2b is accepted based on the analysis. According to Blakely, Srivastava, and Moorman (2005), there is significant difference between people from different ethnic towards OCBs. Nevertheless, there is a research that showed ethnicity is insignificant on SO-OCBs (Mahnaz, Mehdi, Jafar, & Abbolghasem, 2013).

On the other hand, there is significant difference between religions of nurses toward SO-OCBs and therefore H2c is accepted. Similarly, there is significant difference between marital statuses of nurses on SO-OCBs and thus H2d is accepted. The study

supports the idea that married employees have a higher level of behavior towards SO-OCBs (Mahnaz et al., 2013).

In addition, there is significant difference between highest education level (STPM, Diploma, Degree, Master, Phd, and others) towards nurses' SO-OCBs and thus H2e is accepted. Mahnaz et al. (2013) stated that the employees who hold higher academic qualification tend to engage in OCBs as the employees who are more educated, they are easy to adapt to new technology in the workplace. However, there is an argument that highest educational level's holder reluctant to perform OCBs as they are unwilling to learn new things and perform self-development. Therefore, they refuse to participate in voluntary actions for the development of organization.

Moreover, One Way Analysis of Variance (ANOVA) examined on the length of service of nurses in organization and the results indicated that there is significant difference between length of service in organization and SO-OCBs and hence H2f is accepted. In fact, the level of OCBs will increase in parallel with the experience which gained from the institutions (Köse et al., 2003; Çiçek, 2010), and nurses who are more than or equal to 21 years of experience exhibited OCBs more constantly. This result also supported by the study of Mahnaz et al. (2013) who pointed out that employee who had worked for the organization for 21 years or above are more likely to perform organizational citizenship attitude Mearaj (2010).

Furthermore, there is no significant difference between SO-OCBs and categories of nurses among nurses at hospital and thus H2g is rejected as referred to the analysis. However, according to Pierce, Hazel, and Mion (1996) found that the category of employees at hospital is significantly related to their job satisfaction. Furthermore, the category which held by nurses will affect the OCBs of nurses at hospitals (Tsai & Wu, 2010).

5.1.4 Correlation Analysis

Correlation Analysis was applied to achieve Objective 3. The results of correlation analysis showed that there is significant relationship between POS (H3a) and SO-OCBs. The low positive value of Pearson Correlation meant that there is weak relationship between POS and SO-OCBs. Therefore, H3a is accepted. This result is supported by the study which conducted by Karavardar (2014), and the finding is supported the hypothesis statement of *“Perceived organizational support will be positively associated with organizational citizenship behavior”*. Additionally, the study of Wu and Liu (2014) also indicated that POS is positively associated with three types of SO-OCBs, namely loyalty, service delivery as well as participation.

Further, as for other variables, the results of correlation analysis illustrated that there is significant relationship between service climate (H3b) and SO-OCBs. The high positive value of Pearson Correlation that there is strong relationship between service climate and SO-OCBs. Consequently, H3b is accepted. The result has been supported by

the study which carried out by Tang, Tang, Tsaur, and Tsaur (2016) explained that service climate can strengthen the SO-OCBs of employees in organization.

Additionally, the result of correlation analysis revealed that there is a significant relationship between OSO and SO-OCBs. Further, the moderate positive value of Pearson Correlation signifies that there is moderate relationship between OSO and SO-OCBs. As was previously stated, H3c is accepted. The result is supported by the previous study which indicated that OSO is a positive predictor of three dimensions of SO-OCBs (Bettencourt, Gwinner, & Meuter, 2001).

Subsequently, the result of Pearson Correlation which evaluated on service commitment (H3d) towards SO-OCBs among nurses at hospital demonstrated that there is a significant relationship between service commitment and SO-OCBs. The moderate positive value of Pearson Correlation indicated that there is moderate relationship between service commitment and SO-OCBs. In short, H3d is accepted. As a matter of fact, organizational commitment which is high will lead to the performing of OCBs and this statement has been supported the findings of O'Relly and Chatman (1986) and Morman, Nichoff and Organ (1993) which stated that there is positive relationship between organizational commitment and OCBs. Furthermore, by cultivating organizational commitment, it can actually be the way of indirect control of many hospitals management towards their employees (Mueller, Boyer, Price, & Iverson, 1994).

Next, the results of correlation analysis which examined on job satisfaction (H3e) towards SO-OCBs among nurses at hospital signified that there is a significant relationship between job satisfaction and SO-OCBs. The moderate positive value of reveal that there is moderate relationship between job satisfaction and SO-OCBs. Hence, H3e is accepted. This result supported by the findings of Mohammad, Habib, and Alias (2011) study mentioned that both extrinsic and intrinsic job satisfaction is highly important in estimating citizenship behavior.

5.1.5 Regression Analysis

Regression Analysis was employed to achieve Objective 4. The highest beta coefficient revealed that the independent variable influence the most towards dependent variable. Subsequently, by referring to the results, service climate influences the most while OSO influences the least towards the dependent variable which is service-oriented organizational citizenship behaviors (SO-OCBs).

On the other hand, a factor is considered a significant contribution to the influence on SO-OCBs (dependent variable) if the signed value is below than 0.05. Based on the analysis, there are two independent variables that have significant influenced on SO-OCBs among nurses, which are service climate value, job satisfaction value while three independent variables are not significant which are POS value, OSO value, and service commitment value respectively. Therefore, hypothesis 4b and 4e are accepted while 4a, 4c, and 4d are rejected.

5.2 RECOMMENDATIONS AND IMPLICATIONS

The findings from this study are significant for the management of hospitals. It would allow them to know and understand how much perceived organizational support, service climate, organizational service orientation, service commitment and job satisfaction impact on SO-OCBs of nurses in hospitals. Based on the results generated, there are two independent variables (service climate and job satisfaction) which have significant influence on SO-OCBs among nurses at hospital. The management of hospitals should be making reviews on these two variables from time to time in order to know whether they are making any advancement in giving nurses the best.

In this study, the results showed that there is strong relationship between service climate and SO-OCBs. Service climate has highest influence towards SO-OCBs among nurses at hospital. Increased recognition of the importance of quality service to organizational survival and growth has stimulated interest in the nature of service climate. Therefore, management team of hospitals must create and maintain an appropriate service climate for service in order for nurses to effectively deliver excellent service. In addition, hospitals should reward those who perform SO-OCBs and establishes practices that facilitate improved service delivery.

Job satisfaction has significant influence towards SO-OCBs of nurses in hospital. Therefore, the management team of hospitals should improve the factors that enhance job satisfaction. According to Herzberg's Two-Factor theory approach, management of hospitals should both improve their hygiene factors (such as pay, company policy, supervision) and motivator factors (such as career path development, enrichment or enlargement of job responsibilities, etc.) in hospitals. By doing so, nurses can achieve high level of job satisfaction and hence gain employee commitment to perform extra-role behavior. This eventually enhances the organizational effectiveness.

With the respect to demographic dimensions on SO-OCBs, this study showed that gender, age group, ethnic group, religions, highest educational level, as well as length of service of nurses have significant differences towards SO-OCBs among nurses at hospital. Therefore, management team of hospitals can decrease or eliminate the weaknesses of the organization and promote the positive personal behaviors. Management team of hospitals can change the rules and regulations or at least the bylaws regarding the recruitment, incentives and penalties and pave the way for better SO-OCBs performance.

Furthermore, nurses who are older in terms of age will perform more SO-OCBs as compared to younger nurses. Therefore, older nurses should help, inform and share knowledge with younger and less experience nurses. In addition, management team of any hospitals should pay attention to older nurses in terms of security motives and working in a pleasant social environment.

Organizational service orientation (OSO), job satisfaction and service commitment have moderate relationship with SO-OCBs. Hospital management should enhance freedom to take decisions during service encounters, increasing service training, and rewarding for service. Service commitment also has moderate relationship towards SO-OCBs. Hence, hospitals should support the affective and moral commitment nurses in order to develop strong citizenship behavior.

In developing more SO-OCBs, the management team of hospitals needs to place greater emphasis on service leadership, to incentive a culture of customer orientation and of empowerment in service encounters, and to achieve greater job satisfaction among nurses. It is because, the greater emphasis of manager on these actions, the more the nurses will tend to show SO-OCBs which, in turn, will lead to higher quality of service.

This research provided an opportunity for hospitals get to know the factors influencing SO-OCBs among nurses at hospital. When nurses get the feeling they are being appreciated, they will contribute more than what they are supposed to the hospitals to show their appreciations. This will eventually increase the performance and reputations of hospitals.

5.3 LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH

In this study, there are a few limitations which have been found. The limitations were due to the researcher are unable to control external factors completely during conducting research. For this reason, some limitations in this research should be concerned and take initiative to deliberate the alternatives to solve the problems which have become the opportunity for future research in this area of study.

Firstly, the limitation of this study is regarding the location of the study has been conducted. This study only chooses hospitals in Penang state. Future research should also include hospitals in northern Malaysia, which are Penang, Kedah, and Perlis. This is because different organizational climate of other states may have different effect on service-oriented organizational citizenship behaviors (SO-OCBs).

This study is fully quantitative in nature. Future studies should also conduct this research in qualitative method to get a better understanding of respondents' perceptions of SO-OCBs.

Furthermore, the limitation is regarding the number of public hospital chosen in the study. This may lead to imbalance and inaccuracy in interpreting the results when comparing between public and private sector. Future research should consider a balance number of private and public hospitals.

On the other hand, in this study, SPSS were used to analyze all data. Future research should also consider using SEM-PLS software since SPSS has its limitation in terms of advanced modeling and statistical approaches' development.

Another limitation is related to respondents' privacy and confidentiality. Most of the respondents are reluctant to provide their private information such as monthly income. Respondents are unwilling to directly state their monthly salary. Therefore, in future research, this question may be asked by using rank or scale.

Lastly, future research can explore and include other relevant independent variables which may be the antecedents of service-oriented organizational citizenship behaviors (SO-OCBs). In addition, future research also can consider adding in a mediator or moderator in the research framework.

5.4 CHAPTER CONCLUSION

This study attempts to provide theoretical explanation regarding the factors influencing service-oriented organizational citizenship behaviors (SO-OCBs) among nurses at hospital. From this study, all of the independent variables which are perceived organizational support (POS), service climate, organizational service orientation (OSO), service commitment, and job satisfaction have a positive relationship towards SO-OCBs which is the dependent variable of the research. By conducting this research, hospitals would be more concerned about this matter in health care industry. The management of hospitals will alert that the aroused of organizational citizenship behaviors (OCBs) can eventually bring to organizational effectiveness as all nurses perform the same tasks but extra-role behaviors that performed by nurses to patients would help hospital to gain competitive advantage. In this study, service climate variable has a strong relationship towards SO-OCBs. This result is similar to the previous studies of Schneider, Ehrhart, Mayer, Saltz and K. Niles-Jolly (2005) who pointed out that service climate can generate better customer evaluation via service personnel who undertake in OCBs which designed for customers.

In addition, evoking of SO-OCBs should be encouraged and promoted in hospital as SO-OCBs definitely can be one of the marketing strategies to improve the performance of organization and it may also help hospital to compete with other competitors in business environment in the long run as patients have many alternatives in choosing hospitals. More importantly, SO-OCBs can assist to improve and maintain the

corporate image as providing great and extra customer services; it can lead to patients' satisfaction and have good impression towards the particular hospital. For that reason, matron of nursing department should ensure nurses are satisfied with their job and provide enough support for them in order to gain their service commitment and loyalty to the organization. Additionally, participating in SO-OCBs can definitely strengthen the level of job satisfaction among employees. As a conclusion, the management team of any hospitals should focus on factors that influence SO-OCBs.



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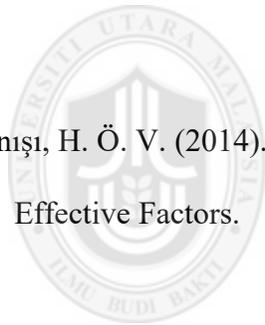
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APPENDIX A

QUESTIONNAIRE



Questionnaire / Soal Selidik

Factors influencing Service-oriented organizational citizenship behaviors among Nurses at Hospital

Faktor-faktor yang mempengaruhi Perilaku Kewarganegaraan Organisasi yang Berorientasikan Perkhidmatan dalam kalangan Jururawat di Hospital

Dear Respondent,

I am a student of Master of Science (Management) in Universiti Utara Malaysia. The questionnaire contains 2 Sections: Section A and Section B. The purpose of this questionnaire is to identify the factors that affect Service-Oriented Organizational Citizenship Behaviors. All the information provided is CONFIDENTIAL and used for academic purpose only. We will not publish any information that would involve any individual or organization for other purposes. Thank you for your time and cooperation in completing this research.

Responden yang dihormati,

Saya merupakan seorang pelajar Sarjana Sains (Pengurusan) di Universiti Utara Malaysia. Soal selidik ini mengandungi 2 Bahagian: Bahagian A dan Bahagian B. Tujuan soal selidik ini adalah untuk mengenal pasti faktor-faktor yang memberi kesan kepada Perilaku Kewarganegaraan Organisasi yang Berorientasikan Perkhidmatan. Semua maklumat yang diberikan adalah SULIT dan digunakan untuk tujuan akademik sahaja. Kami tidak akan menyiarkan sebarang maklumat yang akan melibatkan mana-mana individu atau organisasi bagi tujuan lain. Terima kasih atas masa dan kerjasama anda dalam menyiapkan penyelidikan ini.

Note/ Nota:

Definition of SO-OCBs: Behaviors that beneficial to the organization and performed voluntarily. The behavior is not specified in the organization. It is a voluntary behavior that is not included in the formal responsibility of an employee. However, it can make functions of the organization become more effective.

Maksud Perilaku Kewarganegaraan Organisasi: Tingkah Laku yang berfaedah kepada organisasi serta dilaksanakan secara sukarela dan tingkah laku tersebut tidak dinyatakan dalam organisasi. Ianya adalah tingkah laku sukarela yang bukan termasuk dalam tanggungjawab formal seseorang pekerja tetapi ia boleh menjadikan fungsi-fungsi di dalam organisasi lebih efektif.

Researcher's Name / Nama Penyelidik: Teow Jinq Phei (821877)

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Section A: Demographical Background of the Respondent
Bahagian A: Latar Belakang Demografi Responden

This section is to obtain information of the respondent background. Please tick (/) in the appropriate selection.

Bahagian ini adalah untuk mendapatkan maklumat tentang latar belakang responden. Sila tandakan (/) pada pilihan yang berkenaan.

1. Gender/*Jantina*:
 Male/*Lelaki* Female/*Perempuan*

2. Age/*Umur*: (Please State/ *Sila Nyatakan*)
(_____) years old/ tahun

3. Ethnic Group/*Kumpulan Etnik*
 Malay/*Melayu* Indian/*India*
 Chinese/*Cina* Others/*Lain-lain*: _____ (Please State/ *Sila Nyatakan*)

4. Religion/*Agama*:
 Muslim/*Islam* Christianity/*kristian*
 Buddhism/*Buddha* Hinduism/*Hindu*
 Others/*Lain-lain*: _____ (Please State/ *Sila Nyatakan*)

5. Marital Status/*Status perkahwinan*
 Single/*Bujang* Married/*Berkahwin*
 Divorced/*Bercerai* Others/*Lain-lain*: _____ (Please State/ *Sila Nyatakan*)

6. Highest Educational Level/*Tahap Pendidikan Tertinggi*
 STPM/*STPM* Degree/*Ijazah* PhD/ *Doktor Falsafah*
 Diploma/*Diploma* Master/*Sarjana* Others/*Lain-lain*: _____
(Please State/ *Sila Nyatakan*)

7. Length of Service in organization /*Tempoh Perkhidmatan dalam organisasi*
Please State/ *Sila Nyatakan* (_____) tahun

8. Category of Nurse/*Kategori Jururawat*
 Nurse/*Jururawat*
 Staff Nurse/ *Jururawat Staf*
 Senior Staff Nurse/*Jururawat Staf Kanan*
 Nurse Manager/*Pengurus Jururawat*
 Others/*Lain-lain*: _____ (Please State/ *Sila Nyatakan*)

9. Monthly Income/*Pendapatan Bulanan*
RM _____ Monthly/ *Sebulan*

Section B: Questionnaire Regarding SO-OCBs
Bahagian B: Soal Selidik Berkenaan SO-OCBs

Please indicate your response to the following statement according to the scale below.
Sila nyatakan jawapan anda dengan kenyataan berikut mengikut skala di bawah.

1	2	3	4	5	6
Extremely Disagree/ Amat Tidak Setuju	Strongly Disagree/ Sangat Tidak Setuju	Disagree/ Tidak Bersetuju	Agree/ Setuju	Strongly Agree/ Sangat Setuju	Extremely Agree/ Amat Setuju

Questions							
1	I encourage friends and family to use the hospital services. <i>Saya menggalakkan rakan-rakan dan keluarga menggunakan perkhidmatan hospital ini.</i>	1	2	3	4	5	6
2	I always have a positive attitude at work. <i>Saya sentiasa mempunyai sikap yang positif di tempat kerja.</i>	1	2	3	4	5	6
3	I tell people in other organizations that this is a good organization to work for. <i>Saya memberitahu orang lain bahawa organisasi ini adalah organisasi yang baik untuk bekerja.</i>	1	2	3	4	5	6
4	I frequently present to others creative solutions to patient problems. <i>Saya sering mengesyorkan penyelesaian masalah yang kreatif untuk menyelesaikan masalah pesakit.</i>	1	2	3	4	5	6
5	I follow customer-service guidelines with extreme care. <i>Saya mengikut garis panduan perkhidmatan pelanggan dengan teliti.</i>	1	2	3	4	5	6
6	I say good things about the organization to others. <i>Saya bercakap perkara yang baik tentang organisasi kepada orang lain.</i>	1	2	3	4	5	6
7	I follow up initial actions in response to patient's requests and problems in a timely manner. <i>Saya mengambil tindakan susulan terhadap permintaan dan masalah pesakit pada masa yang berbetulan.</i>	1	2	3	4	5	6

8	I encourage coworkers to contribute ideas and suggestions for service improvement. <i>Saya menggalakkan rakan sekerja untuk menyumbang idea dan cadangan untuk tujuan penambahbaikan perkhidmatan.</i>	1	2	3	4	5	6
9	I generate favorable goodwill for the organization. <i>Saya menganjurkan suasana muhibah yang baik kepada organisasi ini.</i>	1	2	3	4	5	6
10	The organization values my contribution to its well-being. <i>Organisasi ini menghargai sumbangan saya kepada kesejahteraan organisasi.</i>	1	2	3	4	5	6
11	The organization fails to appreciate any extra effort from me. <i>Organisasi ini gagal untuk menghargai apa-apa usaha tambahan daripada saya.</i>	1	2	3	4	5	6
12	The organization would ignore any complaint from me. <i>Organisasi ini akan mengabaikan apa-apa aduan daripada saya.</i>	1	2	3	4	5	6
13	The organization really cares about my well-being. <i>Organisasi ini benar-benar mengambil berat tentang kesejahteraan saya.</i>	1	2	3	4	5	6
14	Even I did the best job possible, the organization would fail to notice. <i>Walaupun saya melakukan kerja yang terbaik mungkin, organisasi ini tidak akan melihatnya.</i>	1	2	3	4	5	6
15	The organization cares about my general satisfaction at work. <i>Organisasi ini mengambil berat tentang kepuasan saya di tempat kerja.</i>	1	2	3	4	5	6
16	The organization shows very little concern for me. <i>Organisasi ini tidak mengambil berat terhadap saya.</i>	1	2	3	4	5	6
17	The organization takes pride in my accomplishments at work. <i>Organisasi ini akan merasa bangga dengan pencapaian saya di tempat kerja.</i>	1	2	3	4	5	6
18	I receive adequate support from workmates to perform my job well. <i>Saya menerima sokongan yang mencukupi daripada rakan kerja untuk melaksanakan tugas saya dengan baik.</i>	1	2	3	4	5	6

19	If I perform job well, I receive appropriate recognition and reward. <i>Jika saya melaksanakan tugas dengan baik, saya menerima pengiktirafan dan ganjaran yang setara.</i>	1	2	3	4	5	6
20	I have the guidelines materials I need to provide services. <i>Saya mempunyai garis panduan maklumat yang diperlukan bagi saya menyediakan perkhidmatan.</i>	1	2	3	4	5	6
21	My direct supervisor encourages me to deliver high quality service. <i>Penyelia saya menggalakkan saya untuk menyampaikan perkhidmatan yang berkualiti tinggi.</i>	1	2	3	4	5	6
22	My direct supervisor is responsive to my requests for help or guidance. <i>Penyelia saya adalah responsif atas permintaan saya untuk mendapatkan bantuan atau bimbingan.</i>	1	2	3	4	5	6
23	My direct supervisor is very committed to improving the quality of our area's work and service. <i>Penyelia saya amat komited untuk meningkatkan kualiti kerja dan perkhidmatan dikawasan kami bekerja.</i>	1	2	3	4	5	6
24	High quality service is emphasized as the best way to keep patients. <i>Perkhidmatan berkualiti tinggi ditekankan sebagai cara yang terbaik untuk menjaga pesakit.</i>	1	2	3	4	5	6
25	My institution does a good job of keeping patients informed of changes, which affect them. <i>Institusi saya akan memaklumkan kepada pesakit apa-apa perubahan yang akan memberi kesan kepada pesakit.</i>	1	2	3	4	5	6
26	We are informed about patient evaluations of the quality of service. <i>Kami dimaklumkan tentang penilaian pesakit mengenai kualiti perkhidmatan yang kami berikan.</i>	1	2	3	4	5	6
27	My institution always responds to the patients' feedback and suggestions quickly. <i>Institusi saya sentiasa memberi maklum balas kepada cadangan pesakit</i>	1	2	3	4	5	6

	<i>dengan cepat.</i>						
28	Management is constantly measuring service quality. <i>Pihak pengurusan sentiasa mengukur kualiti perkhidmatan yang kami berikan.</i>	1	2	3	4	5	6
29	Management shows that they care about service by constantly giving of themselves. <i>Pihak pengurusan menunjukkan bahawa mereka mengambil berat tentang perkhidmatan dengan sentiasa menawarkan segala bantuan yang kami perlukan.</i>	1	2	3	4	5	6
30	Managers give personal input and leadership into creating quality service. <i>Pengurus memberi input peribadi dan kepimpinan dalam mewujudkan perkhidmatan yang berkualiti.</i>	1	2	3	4	5	6
31	Employees have freedom to act independently in order to provide excellent service. <i>Pekerja mempunyai kebebasan untuk bertindak agar dapat memberikan perkhidmatan yang cemerlang.</i>	1	2	3	4	5	6
32	Employees care for patients as they would like to be cared for. <i>Para pekerja menjaga pesakit sebagaimana mereka ingin dijaga.</i>	1	2	3	4	5	6
33	Employees go the 'extra mile' for patients. <i>Para pekerja bertindak 'melebihi' apa yang sepatutnya untuk pesakit.</i>	1	2	3	4	5	6
34	This organization noticeably celebrates excellent service. <i>Organisasi ini meraikan perkhidmatan yang cemerlang secara nyata.</i>	1	2	3	4	5	6
35	Employees receive personal skills training that enhance his/her ability to deliver high quality service. <i>Para pekerja menerima latihan kemahiran bagi meningkatkan keupayaannya agar perkhidmatan yang diberikan berkualiti tinggi.</i>	1	2	3	4	5	6
36	During training sessions, we work through exercises to identify and improve attitudes toward patients. <i>Semasa sesi latihan, kami bekerja diberi latihan untuk mengenal pasti dan meningkatkan sikap yang positif apabila bertemu pesakit.</i>	1	2	3	4	5	6

37	I really feel as if this organization's problems are my own. <i>Saya benar-benar berasa masalah organisasi ini seolah-olah adalah masalah saya.</i>	1	2	3	4	5	6
38	I enjoy discussing my organization with people outside it. <i>Saya suka membicarakan perihal organisasi saya dengan orang di luar organisasi ini.</i>	1	2	3	4	5	6
39	I would be very happy to spend the rest of my career with this organization. <i>Saya sangat gembira untuk menghabiskan masa kerjaya saya dengan organisasi ini.</i>	1	2	3	4	5	6
40	This organization has a great deal of personal meaning for me. <i>Organisasi ini mempunyai banyak makna peribadi untuk saya.</i>	1	2	3	4	5	6
41	I feel that I have too few options to consider leaving this organization. <i>Saya merasakan bahawa saya mempunyai pilihan yang terhad untuk dipertimbangkan sekiranya saya ingin meninggalkan organisasi ini.</i>	1	2	3	4	5	6
42	It would be very hard for me to leave my organization right now, even if I wanted to. <i>Saya merasa amat sukar bagi saya untuk meninggalkan organisasi saya sekarang, walaupun saya mahu.</i>	1	2	3	4	5	6
43	I have the chance to be “somebody” in the community. <i>Saya mempunyai peluang untuk menjadi "seseorang" dalam masyarakat.</i>	1	2	3	4	5	6
44	I am being able to do things that don't go against my conscience. <i>Saya melakukan perkara-perkara yang tidak bertentangan dengan hati nurani saya.</i>	1	2	3	4	5	6
45	I have the chance to do things for other people. <i>Saya berpeluang untuk melakukan sesuatu untuk orang lain.</i>	1	2	3	4	5	6
46	I have the chance to tell people what to do. <i>Saya berpeluang untuk memberitahu orang apa yang perlu dilakukan.</i>	1	2	3	4	5	6
47	I have the chance to do something that makes use of my abilities. <i>Saya berpeluang untuk melakukan sesuatu dengan kebolehan yang saya ada.</i>	1	2	3	4	5	6

48	My pay and the amount of work I do are equal. <i>Gaji dan jumlah kerja yang saya lakukan adalah setara.</i>	1	2	3	4	5	6
49	The working conditions in the organization are good. <i>Suasana kerja dalam organisasi ini adalah baik.</i>	1	2	3	4	5	6
50	I am happy the way my co-workers get along with each other. <i>Saya gembira dengan cara rakan sekerja saya berhubung di antara satu sama lain.</i>	1	2	3	4	5	6
51	I get the praise I get for doing a good job. <i>Saya mendapat pujian apabila melakukan kerja yang baik.</i>	1	2	3	4	5	6
52	The feeling of accomplishment I get from the job is high. <i>Perasaan bangga terhadap pencapaian saya dari pekerjaan saya adalah tinggi.</i>	1	2	3	4	5	6



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APPENDIX B

REALIBILITY TEST FOR PILOT TEST

a) SO-OCBs

Case Processing Summary

		N	%
Cases	Valid	50	61.0
	Excluded ^a	32	39.0
	Total	82	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.935	9

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
A1	36.700	39.929	.773	.927
A2	36.320	39.365	.799	.925
A3	36.780	38.338	.797	.925
A4	36.480	41.357	.726	.929
A5	36.540	39.560	.824	.923
A6	36.540	39.396	.839	.923
A7	36.400	41.510	.725	.929
A8	36.580	41.718	.665	.933
A9	36.460	41.437	.662	.933

b) Perceived organizational support (POS)

Case Processing Summary

		N	%
Cases	Valid	50	61.0
	Excluded ^a	32	39.0
	Total	82	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.772	8

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
B1	26.660	26.188	.438	.753
B2	28.160	24.627	.498	.742
B3	28.260	26.196	.447	.751
B4	26.840	25.402	.477	.746
B5	27.840	24.464	.445	.753
B6	26.520	26.581	.416	.756
B7	28.040	23.672	.528	.737
B8	26.780	25.073	.534	.737

c) Service Climate

Case Processing Summary

		N	%
Cases	Valid	50	61.0
	Excluded ^a	32	39.0
	Total	82	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.934	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
C1	40.220	69.114	.462	.940
C2	40.780	61.522	.628	.937
C3	40.260	63.298	.818	.923
C4	39.960	65.019	.754	.926
C5	40.080	62.891	.868	.920
C6	39.940	64.343	.752	.926
C7	39.820	65.008	.780	.925
C8	40.140	63.225	.813	.923
C9	40.040	64.692	.822	.923
C10	40.160	64.015	.796	.924

d) Organizational Service Orientation (OSO)

Case Processing Summary

		N	%
Cases	Valid	50	61.0
	Excluded ^a	32	39.0
	Total	82	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.929	9

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
D1	34.480	51.928	.805	.917
D2	34.760	50.758	.851	.914
D3	34.540	53.764	.828	.916
D4	34.820	50.436	.808	.917
D5	34.260	56.196	.687	.924
D6	34.720	58.614	.373	.944
D7	34.980	49.571	.792	.918
D8	34.480	53.806	.839	.916
D9	34.320	55.691	.802	.919

e) Service Commitment

Case Processing Summary

		N	%
Cases	Valid	50	61.0
	Excluded ^a	32	39.0
	Total	82	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.873	6

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
E1	19.360	29.174	.726	.842
E2	19.960	29.509	.623	.862
E3	19.380	28.159	.813	.826
E4	19.280	28.736	.731	.841
E5	19.240	34.064	.508	.876
E6	19.380	30.934	.656	.854

f) Job Satisfaction

Case Processing Summary

		N	%
Cases	Valid	50	61.0
	Excluded ^a	32	39.0
	Total	82	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.915	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
F1	38.800	66.367	.656	.908
F2	38.800	65.224	.639	.909
F3	38.500	65.194	.702	.906
F4	38.580	64.004	.847	.898
F5	38.420	66.330	.733	.905
F6	39.800	61.469	.668	.910
F7	38.900	63.929	.822	.899
F8	38.640	69.990	.517	.915
F9	39.080	63.422	.664	.908
F10	38.920	62.973	.700	.906

g) Pilot Overall Cronbach's Alpha for All Variables

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item- Total Correlation	Cronbach's Alpha if Item Deleted
A1	218.000	1471.224	.632	.973
A2	217.620	1469.873	.633	.973
A3	218.080	1466.524	.614	.973
A4	217.780	1477.767	.601	.973
A5	217.840	1471.729	.637	.973
A6	217.840	1474.096	.605	.973
A7	217.700	1477.847	.610	.973
A8	217.880	1479.169	.561	.973
A9	217.760	1473.778	.615	.973
B1	217.760	1463.207	.699	.973
B2	219.260	1497.911	.225	.974
B3	219.360	1506.766	.155	.974
B4	217.940	1455.241	.752	.973
B5	218.940	1512.833	.055	.975
B6	217.620	1458.730	.779	.973
B7	219.140	1498.980	.196	.974
B8	217.880	1455.414	.777	.973
C1	218.020	1475.122	.517	.973
C2	218.580	1441.514	.661	.973
C3	218.060	1454.058	.775	.973
C4	217.760	1463.207	.699	.973
C5	217.880	1455.414	.777	.973
C6	217.740	1461.543	.683	.973
C7	217.620	1458.730	.779	.973
C8	217.940	1455.241	.752	.973
C9	217.840	1456.953	.821	.973
C10	217.960	1451.223	.830	.973
D1	217.960	1449.386	.772	.973
D2	218.240	1445.778	.787	.973
D3	218.020	1456.428	.816	.973
D4	218.300	1442.296	.773	.973
D5	217.740	1466.360	.719	.973
D6	218.200	1481.878	.395	.974

D7	218.460	1434.825	.792	.973
D8	217.960	1454.366	.856	.972
D9	217.800	1465.714	.797	.973
E1	218.440	1443.313	.697	.973
E2	219.040	1449.182	.587	.973
E3	218.460	1434.825	.783	.973
E4	218.360	1433.460	.767	.973
E5	218.320	1474.263	.502	.973
E6	218.460	1458.335	.598	.973
F1	218.040	1462.570	.669	.973
F2	218.040	1462.570	.599	.973
F3	217.740	1466.441	.603	.973
F4	217.820	1463.783	.687	.973
F5	217.660	1465.739	.694	.973
F6	219.040	1445.386	.639	.973
F7	218.140	1452.531	.804	.973
F8	217.880	1480.353	.519	.973
F9	218.320	1456.549	.606	.973
F10	218.160	1448.504	.697	.973

Reliability Statistics

Cronbach's	
Alpha	N of Items
.974	52

Case Processing Summary

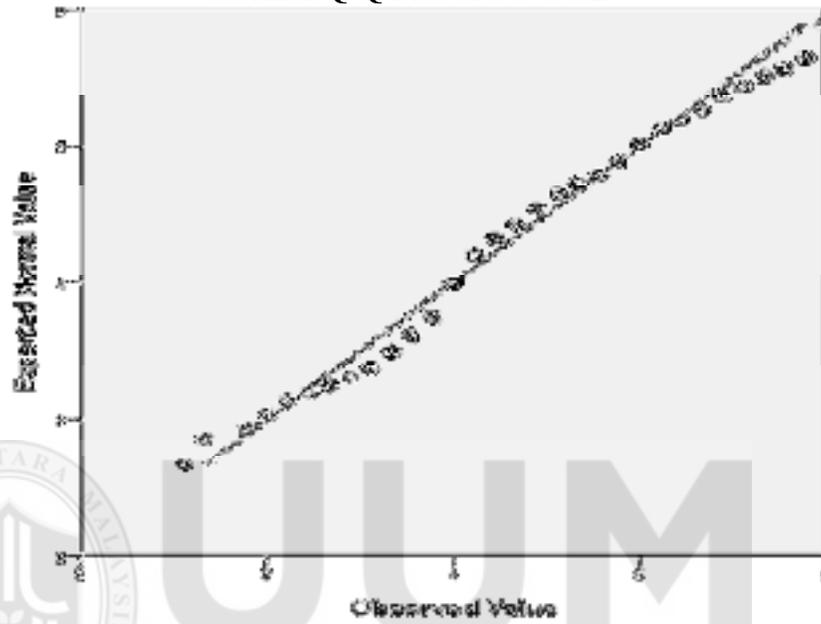
		N	%
Cases	Valid	50	100.0
	Excluded ^a	0	.0
	Total	50	100.0

a. Listwise deletion based on all variables in the procedure.

APPENDIX C
NORMALITY TEST

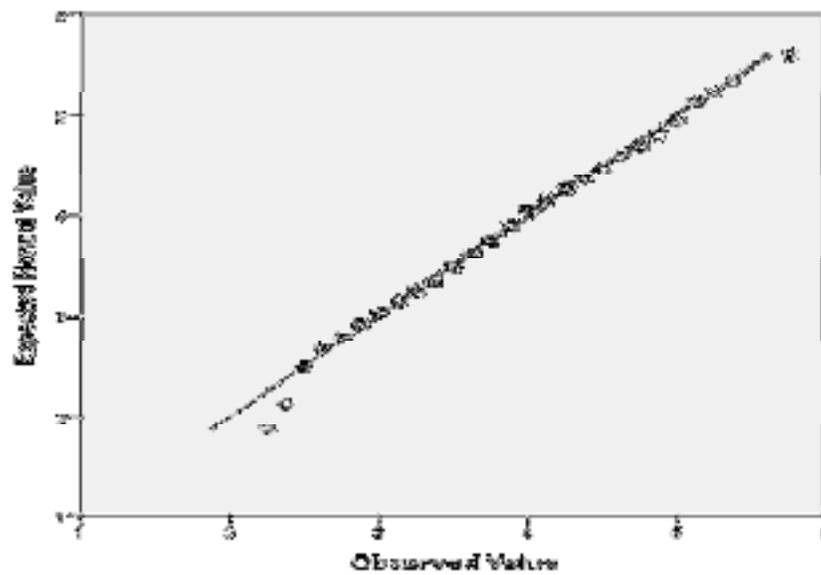
a) SO-OCBs

Normal Q-Q Plot of SO-OCB

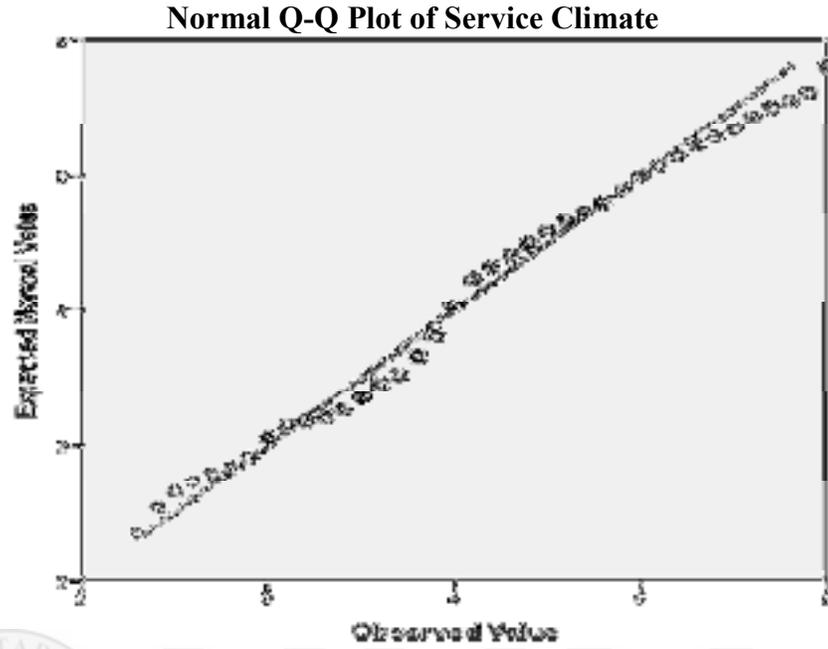


b) Perceived organizational support (POS)

Normal Q-Q Plot of POS

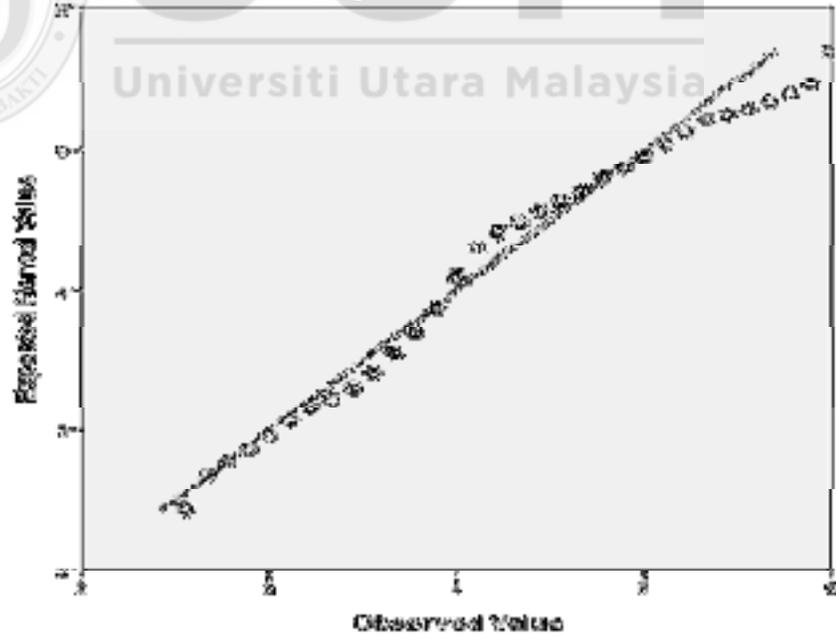


c) Service Climate



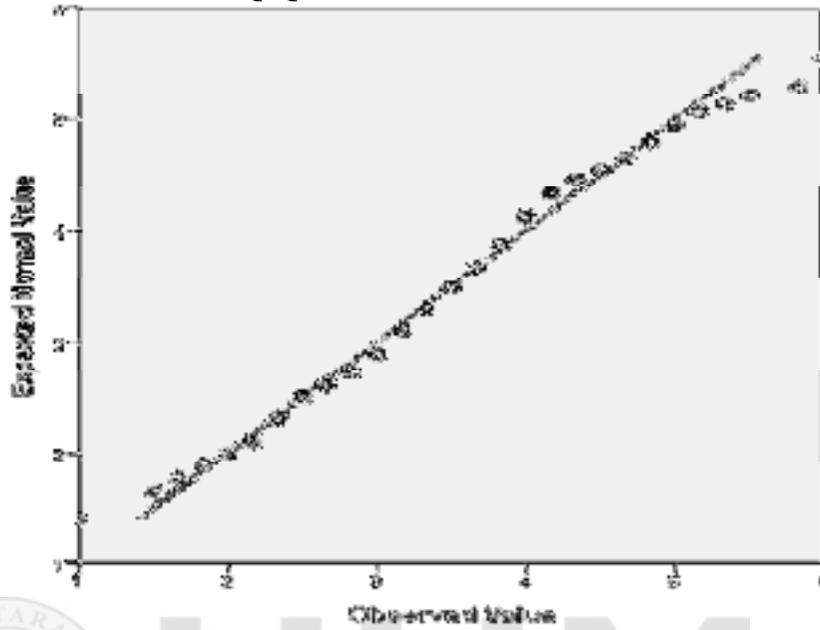
d) Organizational Service Orientation (OSO)

Normal Q-Q Plot of OSO



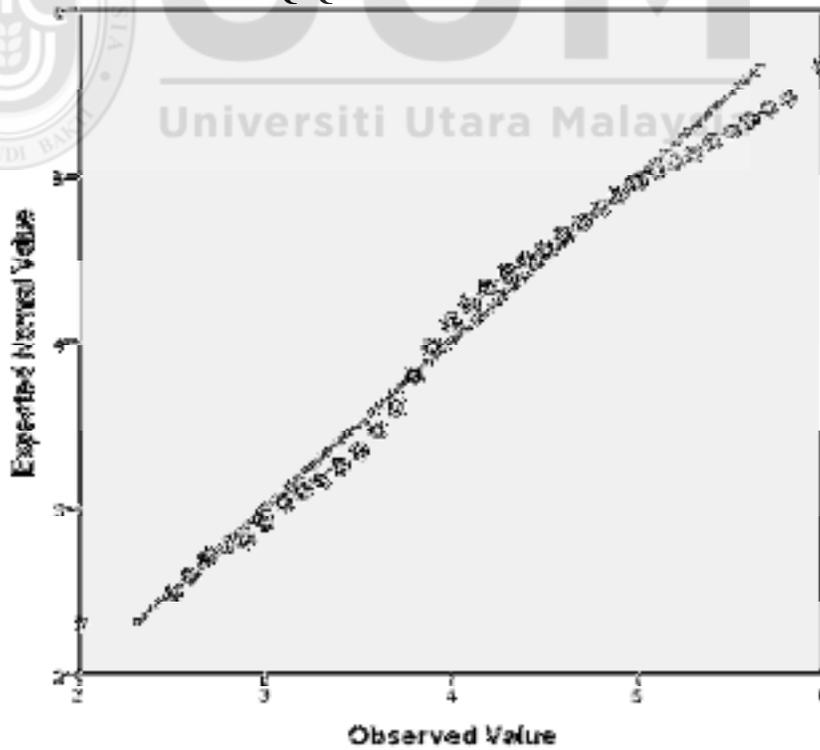
e) Service Commitment

Normal Q-Q Plot of Service Commitment



f) Job Satisfaction

Normal Q-Q Plot of Job Satisfaction



APPENDIX D
RELIABILITY TEST FOR REAL TEST

a) SO-OCBs

Case Processing Summary

		N	%
Cases	Valid	443	100.0
	Excluded ^a	0	.0
	Total	443	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.905	9

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
A1	35.781	27.176	.602	.901
A2	35.722	26.703	.696	.894
A3	35.975	26.060	.681	.895
A4	36.018	27.678	.657	.897
A5	35.837	27.114	.706	.893
A6	35.813	26.089	.748	.890
A7	35.826	27.311	.675	.895
A8	35.797	27.271	.683	.895
A9	35.813	27.162	.686	.894

b) Perceived organizational support (POS)

Case Processing Summary

		N	%
Cases	Valid	443	100.0
	Excluded ^a	0	.0
	Total	443	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.769	8

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
B1	25.853	22.877	.385	.758
B2	27.269	19.536	.556	.728
B3	27.305	19.013	.578	.724
B4	26.023	22.805	.378	.759
B5	27.144	18.920	.571	.725
B6	25.835	22.903	.381	.759
B7	27.316	19.701	.538	.732
B8	26.020	22.948	.351	.763

c) Service Climate

Case Processing Summary

		N	%
Cases	Valid	443	100.0
	Excluded ^a	0	.0
	Total	443	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.911	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
C1	38.725	35.634	.565	.909
C2	39.203	35.271	.526	.913
C3	38.713	34.789	.732	.899
C4	38.470	34.779	.726	.899
C5	38.637	34.051	.765	.896
C6	38.589	33.442	.799	.894
C7	38.451	34.669	.736	.898
C8	38.639	34.987	.677	.902
C9	38.822	35.848	.628	.905
C10	38.853	35.415	.644	.904

d) Organizational Service Orientation (OSO)

Case Processing Summary

		N	%
Cases	Valid	443	100.0
	Excluded ^a	0	.0
	Total	443	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.881	9

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
D1	33.070	29.635	.725	.861
D2	33.221	29.195	.706	.862
D3	33.072	29.483	.730	.861
D4	33.212	28.652	.672	.865
D5	32.946	30.300	.591	.872
D6	33.302	31.329	.353	.897
D7	33.201	28.808	.636	.868
D8	32.844	29.593	.720	.862
D9	32.810	30.493	.627	.869

e) Service Commitment

Case Processing Summary

		N	%
Cases	Valid	443	100.0
	Excluded ^a	0	.0
	Total	443	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.793	6

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
E1	18.709	15.908	.504	.771
E2	19.165	15.382	.480	.780
E3	18.483	14.997	.639	.739
E4	18.429	15.449	.653	.738
E5	18.603	16.254	.512	.769
E6	18.463	15.819	.508	.770

f) Job Satisfaction

Case Processing Summary

		N	%
Cases	Valid	443	100.0
	Excluded ^a	0	.0
	Total	443	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.856	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
F1	36.966	34.626	.592	.840
F2	36.916	34.597	.503	.847
F3	36.648	33.966	.683	.833
F4	36.781	33.855	.714	.830
F5	36.727	34.208	.696	.832
F6	38.081	36.224	.221	.885
F7	36.939	33.537	.708	.830
F8	36.844	34.571	.561	.842
F9	37.187	33.890	.608	.838
F10	37.007	34.351	.588	.840

g) Overall Real Cronbach's Alpha

Case Processing Summary

		N	%
Cases	Valid	443	100.0
	Excluded ^a	0	.0
	Total	443	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.955	52

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
A1	209.889	726.868	.513	.954
A2	209.831	726.675	.542	.954
A3	210.084	721.113	.594	.953
A4	210.126	730.061	.523	.954
A5	209.946	728.753	.537	.954
A6	209.921	722.503	.615	.953
A7	209.935	725.631	.606	.954
A8	209.905	727.312	.569	.954
A9	209.921	726.688	.575	.954
B1	209.889	722.117	.667	.953
B2	211.305	744.909	.103	.956
B3	211.341	744.338	.105	.956
B4	210.059	720.752	.676	.953
B5	211.181	746.506	.070	.957
B6	209.871	719.583	.723	.953
B7	211.352	742.880	.135	.956
B8	210.056	719.759	.687	.953

C1	210.144	723.685	.575	.954
C2	210.623	720.213	.579	.954
C3	210.133	722.292	.669	.953
C4	209.889	722.117	.667	.953
C5	210.056	719.759	.687	.953
C6	210.009	717.982	.700	.953
C7	209.871	719.583	.723	.953
C8	210.059	720.752	.676	.953
C9	210.242	725.849	.599	.954
C10	210.273	722.561	.647	.953
D1	210.291	720.184	.700	.953
D2	210.442	718.704	.674	.953
D3	210.293	719.285	.710	.953
D4	210.433	717.029	.634	.953
D5	210.167	722.832	.595	.954
D6	210.524	734.463	.280	.955
D7	210.422	718.340	.594	.953
D8	210.065	721.116	.671	.953
D9	210.032	723.311	.633	.953
E1	210.770	726.173	.424	.954
E2	211.226	731.279	.297	.955
E3	210.544	711.850	.681	.953
E4	210.490	716.178	.663	.953
E5	210.664	731.631	.358	.955
E6	210.524	727.585	.396	.955
F1	210.275	724.259	.568	.954
F2	210.226	727.474	.436	.954
F3	209.957	723.394	.604	.953
F4	210.090	723.336	.619	.953
F5	210.036	724.297	.614	.953
F6	211.391	733.293	.237	.956
F7	210.248	718.857	.683	.953
F8	210.153	722.542	.573	.954
F9	210.497	719.386	.619	.953
F10	210.316	722.294	.582	.954

APPENDIX E
DESCRIPTIVE STATISTIC – DEMOGRAPHIC

Frequency Table

Statistics

		Gender	Age Class	Ethnic	Religion	Marital status	Highest Educational Level	Sector	Service Length (classes)	Category of Nurse
N	Valid	443	443	443	443	443	443	443	443	443
	Missing	0	0	0	0	0	0	0	0	0

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female	416	93.9	93.9	93.9
	Male	27	6.1	6.1	100.0
	Total	443	100.0	100.0	

Age Class

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	≤25 years old	84	19.0	19.0	19.0
	26 to 35 years old	228	51.5	51.5	70.4
	36 to 45 years old	85	19.2	19.2	89.6
	46 to 55 years old	32	7.2	7.2	96.8
	≥56 years old	14	3.2	3.2	100.0
	Total	443	100.0	100.0	

Ethnic

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Malay	295	66.6	66.6	66.6
	Chinese	81	18.3	18.3	84.9
	Indian	55	12.4	12.4	97.3
	Others	12	2.7	2.7	100.0
	Total	443	100.0	100.0	

Religion

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Muslim	298	67.3	67.3	67.3
Buddhism	55	12.4	12.4	79.7
Christianity	41	9.3	9.3	88.9
Hinduism	46	10.4	10.4	99.3
Freethinker	1	.2	.2	99.5
Sukyo Mahikari	1	.2	.2	99.8
Others	1	.2	.2	100.0
Total	443	100.0	100.0	

Marital status

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Single	135	30.5	30.5	30.5
Married	304	68.6	68.6	99.1
Divorced	1	.2	.2	99.3
Complicated	3	.7	.7	100.0
Total	443	100.0	100.0	

Highest Educational Level

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid STPM	19	4.3	4.3	4.3
Diploma	368	83.1	83.1	87.4
Degree	36	8.1	8.1	95.5
Master	3	.7	.7	96.2
SPM	10	2.3	2.3	98.4
Certificate	7	1.6	1.6	100.0
Total	443	100.0	100.0	

Sector

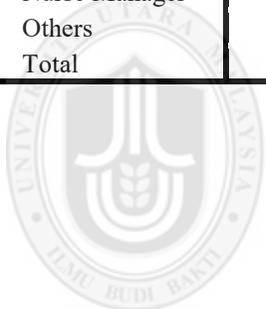
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Private	150	33.9	33.9	33.9
Government	293	66.1	66.1	100.0
Total	443	100.0	100.0	

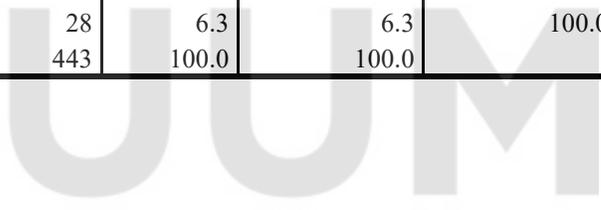
Service Length (classes)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid ≤12 months	36	8.1	8.1	8.1
13 to 60 months	169	38.1	38.1	46.3
61 to 120 months	115	26.0	26.0	72.2
121 to 180 months	51	11.5	11.5	83.7
181 to 240 months	35	7.9	7.9	91.6
≥241 months	37	8.4	8.4	100.0
Total	443	100.0	100.0	

Category of Nurse

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Nurse	125	28.2	28.2	28.2
Staff Nurse	220	49.7	49.7	77.9
Senior Nurse	49	11.1	11.1	88.9
Nurse Manager	21	4.7	4.7	93.7
Others	28	6.3	6.3	100.0
Total	443	100.0	100.0	




 Universiti Utara Malaysia

APPENDIX F

DESCRIPTIVE (MEAN AND STANDARD DEVIATION)

a) Descriptive (Mean and Standard Deviation for All Variables)

Descriptive Statistics

		Service-Oriented Organizational Citizenship Behaviours	Perceived Organizational Support	Service Climate	Organizational Service Orientation	Service Commitment	Job Satisfaction
N	Valid	443	443	443	443	443	443
	Missing	0	0	0	0	0	0
	Mean	4.4803	3.7994	4.3011	4.1344	3.7284	4.1122
	Std. Deviation	.64514	.64548	.65306	.67647	.77492	.64635

b) SO-OCBs

Descriptive Statistics

		I encourage friends and family to use the hospital services.	I always have a positive attitude at work.	I tell people in other organizations that this is a good organization to work for.	I frequently present to others creative solutions to patient problems.	I follow customer-service guidelines with extreme care.	I say good things about the organization to others.	I follow up initial actions in response to patient's requests and problems in a timely manner.	I encourage coworkers to contribute ideas and suggestions for service improvement.	I generate favorable goodwill for the organization.
N	Valid	443	443	443	443	443	443	443	443	443
	Missing	0	0	0	0	0	0	0	0	0
Mean		4.54	4.60	4.35	4.30	4.49	4.51	4.50	4.53	4.51
Std. Deviation		.910	.870	.966	.784	.808	.893	.814	.811	.822

c) Perceived organizational support (POS)

Descriptive Statistics

		The organization fails to appreciate any extra effort from me.	The organization would ignore any complaint from me.	The organization really cares about my well-being.	Even I did the best job possible, the organization would fail to notice.	The organization cares about my general satisfaction at work.	The organization shows very little concern for me.	The organization takes pride in my accomplishments at work.	
N	Valid	443	443	443	443	443	443	443	
	Missing	0	0	0	0	0	0	0	
Mean		4.54	3.13	3.09	4.37	3.25	4.56	3.08	4.37
Std. Deviation		.837	1.172	1.222	.863	1.247	.839	1.171	.877

d) Service Climate

Descriptive Statistics

	I receive adequate support from workmates to perform my job well.	If I perform job well, I receive appropriate recognition and reward.	I have the guidelines materials I need to provide services.	My direct supervisor encourages me to deliver high quality service.	My direct supervisor is responsive to my requests for help or guidance.	My direct supervisor is very committed to improving the quality of our area's work and service.	High quality service is emphasized as the best way to keep patients.	My institution does a good job of keeping patients informed of changes, which affect them.	We are informed about patient evaluations of the quality of service.	My institution always responds to the patients' feedback and suggestions quickly.
N Valid	443	443	443	443	443	443	443	443	443	443
Missing	0	0	0	0	0	0	0	0	0	0
Mean	4.29	3.81	4.30	4.54	4.37	4.42	4.56	4.37	4.19	4.16
Std. Deviation	.916	1.016	.830	.837	.877	.908	.839	.863	.816	.849

e) Organizational Service Orientation (OSO)

Descriptive Statistics

	Management is constantly measuring service quality.	Management shows that they care about service by constantly giving of themselves.	Managers give personal input and leadership into creating quality service.	Employees have freedom to act independently in order to provide excellent service.	Employees care for patients as they would like to be cared for.	Employees go the 'extra mile' for patients.	This organization noticeably celebrates excellent service.	Employees receive personal skills training that enhance his/her ability to deliver high quality service.	During training sessions, we work through exercises to identify and improve attitudes toward patients.
N Valid	443	443	443	443	443	443	443	443	443
Missing	0	0	0	0	0	0	0	0	0
Mean	4.14	3.99	4.14	4.00	4.26	3.91	4.01	4.37	4.40
Std. Deviation	.850	.921	.862	1.023	.913	1.129	1.049	.860	.846

f) Service Commitment

Descriptive Statistics

		I really feel as if this organization's problems are my own.	I enjoy discussing my organization with people outside it.	I would be very happy to spend the rest of my career with this organization.	This organization has a great deal of personal meaning for me.	I feel that I have too few options to consider leaving this organization.	It would be very hard for me to leave my organization right now, even if I wanted to.
N	Valid	443	443	443	443	443	443
	Missing	0	0	0	0	0	0
	Mean	3.66	3.21	3.89	3.94	3.77	3.91
	Std. Deviation	1.113	1.244	1.095	1.005	1.039	1.123

g) Job Satisfaction

Descriptive Statistics

		I have the chance to be “somebody” in the community.	I am being able to do things that don’t go against my conscience.	I have the chance to do things for other people.	I have the chance to tell people what to do.	I have the chance to do something that makes use of my abilities.	My pay and the amount of work I do are equal.	The working conditions in the organization are good.	I am happy the way my co-workers get along with each other.	I get the praise I get for doing a good job.	The feeling of accomplishment I get from the job is high.
N	Valid	443	443	443	443	443	443	443	443	443	443
	Missing	0	0	0	0	0	0	0	0	0	0
Mean		4.16	4.21	4.47	4.34	4.40	3.04	4.18	4.28	3.93	4.12
Std. Deviation		.908	1.034	.883	.863	.843	1.376	.905	.955	.978	.948

APPENDIX G
DESCRIPTIVE (MEAN AND STANDARD DEVIATION)
(Separated by Employment Sector)

(a) SO-OCBs

Report

Sector		I encourage friends and family to use the hospital services.	I always have a positive attitude at work.	I tell people in other organizations that this is a good organization to work for.	I frequently present to others creative solutions to patient problems.	I follow customer-service guidelines with extreme care.	I say good things about the organization to others.	I follow up initial actions in response to patient's requests and problems in a timely manner.	I encourage coworkers to contribute ideas and suggestions for service improvement.	I generate favorable goodwill for the organization.	SO-OCBs
Private	Mean	4.37	4.48	4.10	4.28	4.41	4.39	4.62	4.43	4.52	4.3993
	N	150	150	150	150	150	150	150	150	150	150
	Std. Deviation	.938	.925	1.091	.820	.836	.925	.864	.854	.841	.67003
Public	Mean	4.63	4.66	4.47	4.32	4.53	4.57	4.43	4.58	4.51	4.5218
	N	293	293	293	293	293	293	293	293	293	293
	Std. Deviation	.885	.835	.870	.766	.792	.871	.781	.784	.814	.62914
Total	Mean	4.54	4.60	4.35	4.30	4.49	4.51	4.50	4.53	4.51	4.4803
	N	443	443	443	443	443	443	443	443	443	443
	Std. Deviation	.910	.870	.966	.784	.808	.893	.814	.811	.822	.64514

b) POS

Report

Sector	POS	The organization values my contribution to its well-being.	The organization fails to appreciate any extra effort from me.	The organization would ignore any complaint from me.	The organization really cares about my well-being.	Even I did the best job possible, the organization would fail to notice.	The organization cares about my general satisfaction at work.	The organization shows very little concern for me.	The organization takes pride in my accomplishments at work.	
Private	Mean	3.8375	4.59	3.16	3.11	4.28	3.31	4.71	3.12	4.42
	N	150	150	150	150	150	150	150	150	150
	Std. Deviation	.66440	.935	1.204	1.218	1.024	1.310	.931	1.152	1.005
Public	Mean	3.7799	4.52	3.11	3.08	4.42	3.22	4.48	3.06	4.35
	N	293	293	293	293	293	293	293	293	293
	Std. Deviation	.63583	.783	1.156	1.226	.766	1.214	.779	1.182	.804
Total	Mean	3.7994	4.54	3.13	3.09	4.37	3.25	4.56	3.08	4.37
	N	443	443	443	443	443	443	443	443	443
	Std. Deviation	.64548	.837	1.172	1.222	.863	1.247	.839	1.171	.877

c) Service Climate

Report

Sector		Service Climate	I receive adequate support from workmates to perform my job well.	If I perform job well, I receive appropriate recognition and reward.	I have the guidelines materials I need to provide services.	My direct supervisor encourages me to deliver high quality service.	My direct supervisor is responsive to my requests for help or guidance.	My direct supervisor is very committed to improving the quality of our area's work and service.	High quality service is emphasize as the best way to keep patients.	My institution does a good job of keeping patients informed of changes, which affect them.	We are informed about patient evaluations of the quality of service.	My institution always responds to the patients' feedback and suggestions quickly.
Private	Mean	4.3240	4.35	3.67	4.29	4.59	4.42	4.49	4.71	4.28	4.22	4.23
	N	150	150	150	150	150	150	150	150	150	150	150
	Std. Deviation	.77932	1.056	1.241	.999	.935	1.005	1.091	.931	1.024	.940	.956
Public	Mean	4.2894	4.25	3.88	4.30	4.52	4.35	4.39	4.48	4.42	4.17	4.12
	N	293	293	293	293	293	293	293	293	293	293	293
	Std. Deviation	.57902	.834	.874	.731	.783	.804	.797	.779	.766	.745	.789
Total	Mean	4.3011	4.29	3.81	4.30	4.54	4.37	4.42	4.56	4.37	4.19	4.16
	N	443	443	443	443	443	443	443	443	443	443	443
	Std. Deviation	.65306	.916	1.016	.830	.837	.877	.908	.839	.863	.816	.849

d) Organizational service orientation (OSO)

Report

Sector		OSO	Management is constantly measuring service quality.	Management shows that they care about service by constantly giving of themselves.	Managers give personal input and leadership into creating quality service.	Employees have freedom to act independently in order to provide excellent service.	Employees care for patients as they would like to be cared for.	Employees go the 'extra mile' for patients.	This organization noticeably celebrates excellent service.	Employees receive personal skills training that enhance his/her ability to deliver high quality service.	During training sessions, we work through exercises to identify and improve attitudes toward patients.
Private	Mean	4.1844	4.25	3.99	4.19	3.91	4.41	4.16	3.90	4.39	4.45
	N	150	150	150	150	150	150	150	150	150	150
	Std. Deviation	.79196	1.010	1.120	.953	1.209	.963	1.069	1.273	.940	.856
Public	Mean	4.1088	4.09	3.99	4.11	4.04	4.19	3.78	4.06	4.35	4.37
	N	293	293	293	293	293	293	293	293	293	293
	Std. Deviation	.60885	.751	.802	.812	.913	.878	1.139	.910	.817	.841
Total	Mean	4.1344	4.14	3.99	4.14	4.00	4.26	3.91	4.01	4.37	4.40
	N	443	443	443	443	443	443	443	443	443	443
	Std. Deviation	.67647	.850	.921	.862	1.023	.913	1.129	1.049	.860	.846

e) Service Commitment

Report

Sector	Service Commitment	I really feel as if this organization's problems are my own.	I enjoy discussing my organization with people outside it.	I would be very happy to spend the rest of my career with this organization.	This organization has a great deal of personal meaning for me.	I feel that I have too few options to consider leaving this organization.	It would be very hard for me to leave my organization right now, even if I wanted to.
Private Mean	3.6533	3.67	3.22	3.59	3.87	3.75	3.82
N	150	150	150	150	150	150	150
Std. Deviation	.95079	1.262	1.370	1.301	1.194	1.181	1.275
Public Mean	3.7668	3.66	3.20	4.04	3.98	3.77	3.95
N	293	293	293	293	293	293	293
Std. Deviation	.66583	1.030	1.177	.939	.893	.960	1.036
Total Mean	3.7284	3.66	3.21	3.89	3.94	3.77	3.91
N	443	443	443	443	443	443	443
Std. Deviation	.77492	1.113	1.244	1.095	1.005	1.039	1.123

f) Job Satisfaction

Report

Sector	Job Satisfaction	I have the chance to be "somebody" in the community.	I am being able to do things that don't go against my conscience.	I have the chance to do things for other people.	I have the chance to tell people what to do.	I have the chance to do something that makes use of my abilities.	My pay and the amount of work I do are equal.	The working conditions in the organization are good.	I am happy the way my co-workers get along with each other.	I get the praise I get for doing a good job.	The feeling of accomplishment I get from the job is high.	
Private	Mean N Std. Deviation	4.1153 150 .80015	4.03 150 1.105	4.26 150 1.190	4.57 150 .986	4.30 150 1.028	4.43 150 .999	3.21 150 1.393	3.99 150 1.111	4.35 150 1.123	3.90 150 1.180	4.13 150 1.095
Public	Mean N Std. Deviation	4.1106 293 .55288	4.22 293 .782	4.18 293 .945	4.43 293 .823	4.36 293 .767	4.38 293 .752	2.95 293 1.362	4.28 293 .762	4.24 293 .856	3.95 293 .859	4.11 293 .865
Total	Mean N Std. Deviation	4.1122 443 .64635	4.16 443 .908	4.21 443 1.034	4.47 443 .883	4.34 443 .863	4.40 443 .843	3.04 443 1.376	4.18 443 .905	4.28 443 .955	3.93 443 .978	4.12 443 .948

APPENDIX H

INDEPENDENT SAMPLE T-TEST

Gender

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Service-Oriented Organizational Citizenship Behaviours	Female	416	4.4637	.64002	.03138
	Male	27	4.7366	.68156	.13117

Independent Sample Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	t	Df	Sig. (2-tailed)
Service-Oriented Organizational Citizenship Behaviours	Equal variances assumed	.125	.724	-2.139	441	.033
	Equal variances not assumed			-2.024	29.055	.052

Employment Sector

	Service Sector	N	Mean	Std. Deviation	Std. Error Mean
Service-Oriented Organizational Citizenship Behaviours	Private	150	4.3993	.67003	.05471
	Government	293	4.5218	.62914	.03675

Independent Sample Test

		Levene's Test for Equality of Variances		t-test for Equality of Means		
		F	Sig.	T	Df	Sig. (2-tailed)
Service-Oriented Organizational Citizenship Behaviours	Equal variances assumed	.624	.430	-1.898	441	.058
	Equal variances not assumed			-1.859	284.310	.064

APPENDIX I
One-Way ANOVA

a) Age

ANOVA

Service-Oriented Organizational Citizenship Behaviours

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	4.772	4	1.193	2.916	.021
Within Groups	179.189	438	.409		
Total	183.961	442			

b) Ethnic

ANOVA

Service-Oriented Organizational Citizenship Behaviours

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	6.168	3	2.056	5.076	.002
Within Groups	177.793	439	.405		
Total	183.961	442			

c) Religion

ANOVA

Service-Oriented Organizational Citizenship Behaviours

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	5.689	6	.948	2.319	.032
Within Groups	178.272	436	.409		
Total	183.961	442			

d) Marital Status

ANOVA

Service-Oriented Organizational Citizenship Behaviours

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	4.653	3	1.551	3.797	.010
Within Groups	179.308	439	.408		
Total	183.961	442			

e) Highest Educational Level

ANOVA

Service-Oriented Organizational Citizenship Behaviours

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	8.041	5	1.608	3.995	.001
Within Groups	175.920	437	.403		
Total	183.961	442			

f) Length of Service of Respondents

ANOVA

Service-Oriented Organizational Citizenship Behaviours

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	7.492	5	1.498	3.711	.003
Within Groups	176.469	437	.404		
Total	183.961	442			

g) Categories of Nurses

ANOVA

Service-Oriented Organizational Citizenship Behaviours

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	1.459	4	.365	.875	.479
Within Groups	182.502	438	.417		
Total	183.961	442			

APPENDIX J

PEARSON CORRELATION

(Overall – Both Public and Private Hospital)

a) SO-OCBs and Perceived Organizational Support

Correlations

		Service-Oriented Organizational Citizenship Behaviours	Perceived Organizational Support
Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.396**
	Sig. (2-tailed)		.000
	N	443	443
Perceived Organizational Support	Pearson Correlation	.396**	1
	Sig. (2-tailed)	.000	
	N	443	443

** . Correlation is significant at the 0.01 level (2-tailed).

b) SO-OCBs and Service Climate

Correlations

		Service-Oriented Organizational Citizenship Behaviours	Service Climate
Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.671**
	Sig. (2-tailed)		.000
	N	443	443
Service Climate	Pearson Correlation	.671**	1
	Sig. (2-tailed)	.000	
	N	443	443

** . Correlation is significant at the 0.01 level (2-tailed).

c) SO-OCBs and Organizational Service Orientation (OSO)

Correlations

		Service-Oriented Organizational Citizenship Behaviours	Organizational Service Orientation
Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.554**
	Sig. (2-tailed)		.000
	N	443	443
Organizational Service Orientation	Pearson Correlation	.554**	1
	Sig. (2-tailed)	.000	
	N	443	443

** . Correlation is significant at the 0.01 level (2-tailed).

d) SO-OCBs and Service Commitment

Correlations

		Service-Oriented Organizational Citizenship Behaviours	Service Commitment
Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.428**
	Sig. (2-tailed)		.000
	N	443	443
Service Commitment	Pearson Correlation	.428**	1
	Sig. (2-tailed)	.000	
	N	443	443

** . Correlation is significant at the 0.01 level (2-tailed).

e) SO-OCBs and Job Satisfaction

Correlations

		Service-Oriented Organizational Citizenship Behaviours	Job Satisfaction
Service-Oriented Organizational Behaviours	Pearson Correlation	1	.564**
	Sig. (2-tailed)		.000
	N	443	443
Job Satisfaction	Pearson Correlation	.564**	1
	Sig. (2-tailed)	.000	
	N	443	443

** . Correlation is significant at the 0.01 level (2-tailed).



APPENDIX K

PEARSON CORRELATION

(Separated by Employment Sector)

a) SO-OCBs and Perceived organizational support

Correlations

Sector			Service-Oriented Organizational Citizenship Behaviours	Perceived Organizational Support
Private	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.431**
		Sig. (2-tailed)		.000
		N	150	150
	Perceived Organizational Support	Pearson Correlation	.431**	1
		Sig. (2-tailed)	.000	
		N	150	150
Government	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.385**
		Sig. (2-tailed)		.000
		N	293	293
	Perceived Organizational Support	Pearson Correlation	.385**	1
		Sig. (2-tailed)	.000	
		N	293	293

** . Correlation is significant at the 0.01 level (2-tailed).

b) SO-OCBs and Service Climate

Correlations

Sector			Service-Oriented Organizational Citizenship Behaviours	Service Climate
Private	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.683**
		Sig. (2-tailed)		.000
		N	150	150
	Service Climate	Pearson Correlation	.683**	1
		Sig. (2-tailed)	.000	
		N	150	150
Government	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.678**
		Sig. (2-tailed)		.000
		N	293	293
	Service Climate	Pearson Correlation	.678**	1
		Sig. (2-tailed)	.000	
		N	293	293

** . Correlation is significant at the 0.01 level (2-tailed).

c) SO-OCBs and Organizational Service Orientation

Correlations

Sector			Service-Oriented Organizational Citizenship Behaviours	Organizational Service Orientation
Private	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation Sig. (2-tailed) N	1 150	.606** 150
	Organizational Service Orientation	Pearson Correlation Sig. (2-tailed) N	.606** .000 150	1 150
	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation Sig. (2-tailed) N	1 293	.535** .000 293
	Organizational Service Orientation	Pearson Correlation Sig. (2-tailed) N	.535** .000 293	1 293

** . Correlation is significant at the 0.01 level (2-tailed).

d) SO-OCBs and Service Commitment

Correlations

Sector			Service-Oriented Organizational Citizenship Behaviours	Service Commitment
Private	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.596**
		Sig. (2-tailed)		.000
		N	150	150
	Service Commitment	Pearson Correlation	.596**	1
		Sig. (2-tailed)	.000	
		N	150	150
Government	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.300**
		Sig. (2-tailed)		.000
		N	293	293
	Service Commitment	Pearson Correlation	.300**	1
		Sig. (2-tailed)	.000	
		N	293	293

** . Correlation is significant at the 0.01 level (2-tailed).

e) SO-OCBs and Job Satisfaction

Correlations

Sector			Service-Oriented Organizational Citizenship Behaviours	Job Satisfaction
Private	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.628**
		Sig. (2-tailed)		.000
		N	150	150
	Job Satisfaction	Pearson Correlation	.628**	1
		Sig. (2-tailed)	.000	
		N	150	150
Government	Service-Oriented Organizational Citizenship Behaviours	Pearson Correlation	1	.529**
		Sig. (2-tailed)		.000
		N	293	293
	Job Satisfaction	Pearson Correlation	.529**	1
		Sig. (2-tailed)	.000	
		N	293	293

** . Correlation is significant at the 0.01 level (2-tailed).

APPENDIX L

MULTIPLE REGRESSIONS

(Overall – Both Public and Private Hospital)

Variables Entered/Removed^a

Model	Variables Entered	Variables Removed	Method
1	Job Satisfaction, Perceived Organizational Support, Service Commitment, Organizational Service Orientation, Service Climate ^b		Enter

a. Dependent Variable: Service-Oriented Organizational Citizenship Behaviours

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.691 ^a	.478	.472	.46881	.478	80.003	5	437	.000

a. Predictors: (Constant), Job Satisfaction, Perceived Organizational Support, Service Commitment, Organizational Service Orientation, Service Climate

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	87.916	5	17.583	80.003	.000 ^b
	Residual	96.045	437	.220		
	Total	183.961	442			

a. Dependent Variable: Service-Oriented Organizational Citizenship Behaviours

b. Predictors: (Constant), Job Satisfaction, Perceived Organizational Support, Service Commitment, Organizational Service Orientation, Service Climate

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.264	.173		7.297	.000
	Perceived Organizational Support	.065	.040	.065	1.608	.109
	Service Climate	.508	.062	.515	8.164	.000
	Organizational Service Orientation	-.042	.060	-.044	-.697	.486
	Service Commitment	.055	.038	.066	1.436	.152
	Job Satisfaction	.182	.054	.183	3.395	.001

a. Dependent Variable: Service-Oriented Organizational Citizenship Behaviours

APPENDIX M
MULTIPLE REGRESSIONS
(Separated by Employment Sector)

Variables Entered/Removed^a

Sector	Model	Variables Entered	Variables Removed	Method
Private	1	Job Satisfaction, Perceived Organizational Support, Service Commitment, Service Climate, Organizational Service Orientation ^b		Enter
Government	1	Job Satisfaction, Perceived Organizational Support, Service Commitment, Organizational Service Orientation, Service Climate ^b		Enter

a. Dependent Variable: Service-Oriented Organizational Citizenship Behaviours

b. All requested variables entered.

Model Summary

Sector	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Private	1	.714 ^a	.509	.492	.47740
Government	1	.701 ^b	.491	.482	.45278

a. Predictors: (Constant), Job Satisfaction, Perceived Organizational Support, Service Commitment, Service Climate, Organizational Service Orientation

b. Predictors: (Constant), Job Satisfaction, Perceived Organizational Support, Service Commitment, Organizational Service Orientation, Service Climate

ANOVA^a

Sector	Model		Sum of Squares	Df	Mean Square	F	Sig.
Private	1	Regression	34.072	5	6.814	29.899	.000 ^b
		Residual	32.819	144	.228		
		Total	66.891	149			
Government	1	Regression	56.742	5	11.348	55.355	.000 ^c
		Residual	58.838	287	.205		
		Total	115.580	292			

a. Dependent Variable: Service-Oriented Organizational Citizenship Behaviours

b. Predictors: (Constant), Job Satisfaction, Perceived Organizational Support, Service Commitment, Service Climate, Organizational Service Orientation

c. Predictors: (Constant), Job Satisfaction, Perceived Organizational Support, Service Commitment, Organizational Service Orientation, Service Climate

Coefficients^a

Sector	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
			B	Std. Error	Beta		
Private	1	(Constant)	1.641	.264		6.215	.000
		Perceived Organizational Support	.078	.070	.078	1.110	.269
		Service Climate	.374	.102	.435	3.657	.000
		Organizational Service Orientation	-.056	.102	-.066	-.550	.583
		Service Commitment	.126	.064	.179	1.957	.052
		Job Satisfaction	.149	.090	.178	1.652	.101
Government	1	(Constant)	.859	.240		3.581	.000
		Perceived Organizational Support	.048	.049	.049	.982	.327
		Service Climate	.592	.078	.545	7.550	.000
		Organizational Service Orientation	-.022	.074	-.022	-.303	.762
		Service Commitment	.024	.048	.025	.487	.627
		Job Satisfaction	.229	.066	.202	3.470	.001

a. Dependent Variable: Service-Oriented Organizational Citizenship Behaviours