

The Influence of Organisational Citizenship Behaviour, Job Engagement and Social Responsibility on Organisational Role Stress Factors among Medical Doctors

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Abstract: *This paper studies the influence of new organisational practices such as Social Responsibility, Job Engagement and Organisational Citizenship Behaviour on Organisational Role Stress among Medical Doctors in Goa. A total of 454 doctors participated in this study. The data was analysed by factoring organisational role stress dimensions to 3 factors considered as dependent variables. Social responsibility and Job Engagement had a partial influence in reducing stress on all three role stress factors but Organisational Citizenship Behaviour revealed a reducing influence on all three role stress factors. .*

Key Words: *Social Responsibility, Job Engagement and Organisational Citizenship Behaviour and Role Stress*

I. Introduction

Early research has shown high levels of stress, anxiety, and depression in medical practitioners (Firth-Cozens 1995; Chambers & Campbell, 1996). Occupational stress in doctors has long been recognized as being detrimental to their emotional and physical well-being (Kushnir, Rabin, and Azulai, 1997). A large number of studies have reported that stress doctors suffering from stress were related to the psychosocial effects of stress (Vanagas and Bihari-Axelsson, 2005), which could have detrimental consequences on their lives (Gautam, 2001) and hence in turn would even influence the quality of health care administered (Firth-Cozens and Moss, 1998).

Studies have reported a positive association between work and stress that have led to a number of errors committed by doctors even leading to patients death (Firth-Cozens and Greenhalgh, 1997), which in turn has been largely influential, that, over 60% of doctor have considered leaving the medical profession (Grenmy, 2006). Stress may pose such a risk to the doctors own mental and physical wellbeing as to result in burnout (Burke and Descza, 1986; Kirwan and Armstrong, 1995). In a study of stress and job burnout in junior doctors, Schweitzer (1994) showed that 77.8% of doctors had experienced symptoms consistent with burnout since graduating. Similar results were also reflected in subsequent studies on medical doctors, particularly junior doctors (Antoniou, 1999; Caballero, Bermejo, Nieto and Caballero, 2001; Mc Manus, Winder and Gordon, 2002).

The Stressors in Medical Practice

Stress at work has been linked to various stressors in differing medical work situations. One of the earlier studies revealed that the major sources of stress for doctors were found to be work overload, the stress of responsibility for people's welfare, and the omnipresence of illness and death (Bates, 1982). Some of the earlier studies focussed on the causes of stress revealed reason such as role isolation, poor working relationship, changing demands (Branthwaite and Ross, 1988), aggravated by night calls and emergencies during consultations hours and interruption of personal life (French, McKinley and Hastings, 2001). Other problem areas included confrontational situations, the stress of uncertainty, and being "on call" (Myerson, 1991; Howie, Hopton, Porter and Heaney, 1991, 1992).

Other sources of stress among doctors are enumerated as excessive job demands (Irfana, 2012), number of working hours (Fielden and Peckar, 1999), lack of decision latitude (Vanagas & Bihari-Axelsson 2004), workplace location (Sexton 2003) and lack of organizational support (Branthwaite & Ross 1988). Stress is further exacerbated by the pressure placed on doctors to appear calm and controlled but at the same time remain emotionally involved and concerned with their patients' problems (Sutherland and Cooper, 1990; Kash et al., 2000; Botseas, 2001). Doctors practicing emergency medicine in the Northern Governorates of Jordan experienced maximum stress due to lack of career development, role overload, responsibility towards patients, role conflict, and role ambiguity (Nusair and Deibageh, 1997).

Role ambiguity and role conflict were found to be of significant relationship with work stress among 433 employees of seven Kuwaiti governmental sectors (Al-Fadli, 1999). In the study done in Greece by Antoniou, Davidson and Cooper (2003), the five most important stressors experienced by junior doctors referred to the fear of consequences of their mistakes, the long working hours, the non-supportive supervisors, the lack of sufficient finance and resources, role conflict compounded by role ambiguity. Yet another study found that

the most stressful factors in the workplace were coping with the workload, diagnostic uncertainty, working alone and working during unsociable hours (Williams, Dale, Glucksman and Wellesley, 1997).

Ahmady, Changiz, Masiello and Brommels (2007), in an interesting study done in Iran, using the Organizational Role Stress Scale, concluded that role stress was experienced by the faculty at all three medical schools studied by them. High levels of role overload were found among faculty members, followed by role-expectation conflict and resource inadequacy. Stress was mainly attributed to working in a broader and more complex clinical field, more responsibilities for a low "reward", a bureaucratic system with insufficient autonomy, and dealing with the many challenges of the process of reform in medical education.

II. Review of Literature

Social Responsibility

Individual social responsibility may appear to be a new concept in relation to corporate social responsibility, but it is a concept as old as the golden rule — Do unto others as you would have them do unto you. Individual social responsibility expands on this by promoting a proactive stance towards positively influencing and affecting the people and environment outside ones immediate circle. Individual social responsibility is at the root of corporate social responsibility, because a corporate comprises of individuals and hence determines the social responsibility culture it creates. The Workshop for Civic Initiatives Foundation (WCIF), Bulgaria, describes individual social responsibility in its position statement as, "Individual social responsibility includes the engagement of each person towards the community where he lives, which can be expressed as an interest towards what's happening in the community, as well as in the active participation in the solving of some of the local problems". Everyone of us could take part in our community development in different ways, for example by taking part in cleaning of the clinic or hospital premises, by taking part in the organization of an event, connected with the profession, or by rendering social services to children without parents or elderly people. Social responsibility can be "negative," in that it is a responsibility to refrain from acting (resistance stance) or it can be "positive," meaning there is a responsibility to act (proactive stance).

All social responsibility, both individual and corporate, is voluntary; it is about going above and beyond what is called for by the law (legal responsibility). It involves an idea that it is better to be proactive toward solving a problem rather than just being reactive to a problem. Social responsibility means eliminating corrupt, irresponsible or unethical behavior that might bring harm to the community, its people, or the environment before the behavior happens.

Many people give to charities, invest in socially responsible medical funds, consume green products, dispose of waste in an eco-friendly manner, supply their blood, or give their time and sometimes even their lives for good causes. Such prosocial behaviors obey a complex mix of interdependent motivations. First, they are driven by genuine, intrinsic altruism: to varying degrees, we all aspire to do good and help. Second, material incentives may come into play, for example, we are more likely to give to charities if contributions are tax-deductible. Third, we are also driven by social and self-esteem concerns. Our conduct defines what kind of person we are, in the eyes of others and, no less importantly, in our own eyes (Benabou and Tirole, 2010).

Job Engagement

Job Engagement, also known as employee engagement is a complex, broad construct that subsumes many well researched ideas such as commitment, satisfaction and loyalty. An engaged employee extends himself/herself to meet the organization's needs, takes the initiative, reinforces and supports the organization's culture and values, stays focused and vigilant, and believes he/she can make a difference (Macey, 2006).

Kahn (1990) defined employee engagement as 'the harnessing of organization members' selves to their work roles. Most often employee engagement has been defined as emotional and intellectual commitment to the organization (Baumruk, 2004; Richman, 2006; and Shaw, 2005) or the amount of discretionary effort exhibited by employees in their job (Frank, Finnegan and Taylor, 2004).

Many researchers studied the effect of job stress on the above mentioned related constructs (Jamal, 1984; Rose, 2003; Coetzee & de Villiers, 2010). Employee engagement is highly affected by job resources (Schaufeli & Bakker, 2004). Job resources provide employees with psychological autonomy and more concentration. Inadequacies of these resources cause stress which affects the employee's work in terms of satisfaction and involvement (Baumeister & Leary, 1995). Coetzee & Rothmann (2007) found that job demands that failed to be fulfilled by the employee cause stress and these job demands like work load are negatively related to work engagement.

The employee's level of energy decreases and his mental attention also gets diverted because of job demands such as work load (Maslach, 1993). When employees cannot concentrate fully, their engagement level decreases (Coetzee & De Villiers, 2010). Job stress and stressors result in burnout that ultimately affects the employee's level of engagement (Schaufeli & Bakker, 2004). Coetzee & de Villiers (2010) found that job stressors such as role ambiguity and lack of job autonomy relate significantly negatively to all the work

engagement variables – vigor, dedication and absorption. Their study further reveals that higher the level of job stressors, lower the level of employee engagement. The content and vitality of work culture also influences engagement of its members (Victor & Cullen 1988; Trevino, 1990; Dickson, Smith, Grojean and Ehrhart, 2001; Dufresne, 2004). Research findings show that there is a significant and negative relationship between employee engagement and job stress (Iqbal, Khan and Iqbal, 2012).

Organizational Citizenship

Originally defined by Organ (1988), organizational citizenship behavior represents “individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and in the aggregate promotes the efficient and effective functioning of the organization” (Organ, 1988). Research suggests that organizational citizenship behavior is consistently related to organizational effectiveness (Podsakoff and MacKenzie, 1997), while other research has categorized individuals’ behavior in an organization into two dimensions: in-role behavior and extra-role behavior. In-role behavior involves those who do the least possible to maintain membership while extra-role behavior involves those who go beyond the general expectations to promote the effective operation of the organization or to benefit others in the organization. Such extra-role behavior is considered as organizational citizenship behavior. Examples include cooperating with others, orienting new staff, volunteering for extra work, and helping others in their job.

Corporate citizenship has been welcomed as a set of business practices not only for society but also for business organisations (Maignan and Ferrell, 2000). It has been integrated in business as corporate responsibility, or responsible business – is a form of corporate self regulation integrated into a business model (Grit, 2004; Kell, 2005; Lam, 2009; Maxfield, 2008; Okoye, 2009; Torres-Baumgarten and Yucetepe, 2009; Wood, 1991). Corporate citizenship is defined as a company’s engagement in activity that appears to advance a social agenda beyond that required by law (Siegel and Vitaliano, 2007). In contrast to corporate citizenship, individual citizenship in the organization – in which his or her behavior is regarded as organizational citizenship behavior (OCB) – is also considered important for the organizations’ sustainability. Note that organizational citizenship behavior is a unique aspect of individual activity at work.

Previous studies have initially proposed two primary dimensions of citizenship behavior: conscientiousness and altruism. Later research added sportsmanship, courtesy, and civic virtue to citizenship behavior. Conscientiousness is discretionary behavior beyond the minimum role requirements expected by an organization. Altruism is characterized as helping behavior that comprises all discretionary behavior that helps a specific person in performing an organizationally relevant task. Sportsmanship encompasses behavior that focuses on what is right rather than wrong in an organization. Courtesy encompasses behaviors such as being mindful of how one’s behavior affects others and attempting to avoid creating problems for co-workers. Finally, civic virtue is being constructively involved in an organizations processes and going beyond the minimum required by an individual’s immediate job (Organ, 1988).

Empirical study variables

The following are the ten role stress dimension developed by Udai Pareek, (Pareek, 2005):

1. Inter-Role Distance Stress (IRDS) arises when an individual experience conflict between an organizational and non-organizational role, it is called Inter Role Distance Stress.
2. Role Stagnation Stress (RS) arises when an individual feels that he is stuck in the same role and feel not growth or development.
3. Role expectation stress (REC) arises when conflicting demands originate from different role players such as colleagues, superiors, subordinates and peers in the organizations.
4. Role Erosion Stress (RE) arises when a role occupant feels that other members are noticed performing certain functions, which should have been a part of his/her role.
5. Role Overload Stress (RO) is the feeling that there is too much to do in the present role.
6. Personal Inadequacy Stress (PI) is a feeling of the inability to perform one role.
7. Self-Role Distance Stress (SRD) arises from a gap experienced between one’s concept of self and the demands placed on the individual in the role.
8. Role Isolation Stress (RIs) arises when certain types of organizational or work related roles isolate an individual from the rest.
9. Role Ambiguity Stress (RA) is experienced when there is a lack of clarity about the demands of the role.
10. Resource Inadequacy Stress (Rin) arises when the necessary resources and equipment’s are inadequate to fulfill the demands of the role.

In addition to the above, the Organisational Behavioural Practices under study are as follows

- Social Responsibility- The organisational practice is the initiative of the individual to offer a proactive view to the workplace being of service.
- Job Engagement – When an employee fully commits to the organisation to support the and a make a positive difference to the organisation etc.
- Organisational Citizenship Behaviour: When Individual go beyond the basic role and contribute more than required for the greater good of the organisation etc.

III. Study Design

Method of Investigation

The selected doctors employed in the various primary health centers, district hospitals, and Goa Medical College in the entire state of Goa were considered. The choice of the sample was restricted to Goa only, primarily because of the cost factor and also to focus on one State as a unit of health activity. A total number of 513 doctors responded to our request, and 454 questionnaires which were fully completed were accepted for this research.

Tools

The questionnaire comprises of Udai Pareek’s Organisational Role Stress Construct (50 questions) along the organizational practices such as social responsibility, Job engagement and Organisational Citizenship Behaviour. The above constructs were captured by using a developed tool consisting of Organizational role stress (ORS) has been measured with the help of a scale developed by Pareek (1983). This ten component scale gives an index of individuals perceived role stress on the ten dimensions. Social Responsibility, Job Engagement and Organisational Citizenship Behaviour was captured by developing a new scale to measure the extent of perception within an institutionalized profession. These scales were developed by using a Likert’s 5 – point scale. The Cronbach alpha for the above new scales were .902, .880, and .893 thus having acceptable reliability.

Data Collection

Data was collected vide individual meetings with medical doctors from the public healthcare sector in Goa over eighteen months. The above data was processed on the SPSS software and the results of the findings are placed below.

Data Analysis

The Kaiser-Meyer-Olkin measure of sampling adequacy placed at table 1 shows a high value (0.802) which implies that the factor analysis is appropriate for the study. Bartlett’s test of sphericity placed at (Table 3) indicates the correlation matrix is not an identity matrix, indicating that the variables are related ($p < 0.01$, except of Role Isolation). The chart of communalities (Table 2) too indicates acceptable levels of communalities for most role stressors.

Table: 1			Table: 2		
KMO and Bartlett's Test and Communalities			Communalities		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.802		Initial	Extraction
Bartlett's Test of Sphericity	Approx. Chi-Square	2430.632	IRD	1.000	.689
	df	45	RS	1.000	.812
	Sig.	.000	REC	1.000	.803
			RE	1.000	.823
			RO	1.000	.734
			RI	1.000	.397
			PI	1.000	.737
			SRD	1.000	.738
			RA	1.000	.865
			RIN	1.000	.669
			Extraction Method: Principal Component Analysis.		

Factor Analysis on Role Stress

Factor analysis was conducted on the ten role dimension along with varimax rotation. The factor analysis revealed three dimension explaining 72.676% of the total variance as placed in table 3

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.535	45.347	45.347	4.535	45.347	45.347	2.790	27.897	27.897
2	1.535	15.354	60.701	1.535	15.354	60.701	2.377	23.767	51.664
3	1.197	11.975	72.676	1.197	11.975	72.676	2.101	21.012	72.676
4	.802	8.025	80.701						
5	.575	5.752	86.453						
6	.368	3.677	90.130						
7	.347	3.474	93.604						
8	.282	2.822	96.426						
9	.195	1.950	98.375						
10	.162	1.625	100.000						

Extraction Method: Principal Component Analysis.

Extraction Method: Principal Component Analysis.

The First factor had a loading of Inter role distance, Role Stagnation and Personal Inadequacy, while the second factor had a loading of Role Expectation conflict and Role Ambiguity while the third factor had a loading of Role Erosion, Role Overload and Role Ambiguity. Other stress dimension such as SRD, RI and Rin were dropped.

	Component		
	FACTOR 1	FACTOR 2	FACTOR 3
IRD	.804		
RS	.862		
REC		.813	
RE			.844
RO			.797
PI	.778		
RA		.866	

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

Factor 1 (IRD,RS PI)

Three role stress dimension have loaded on Factor 1 namely Inter-Role Distance, Role Stagnation and Personal Inadequacy. Inter role distance is experience when the role occupant experience role between personal and organisational roles. Role Stagnation on the other hand may occur due to a feeling of being stuck in one role and experience no progress or growth, and Personal Inadequacy is experience when the individual doctor feel he lack the necessary skill to perform his or her role. Among the doctors fraternity the above feeling is prominent due to the stress revealed at workplace as well as the growing demands at the home front. Medical practice is constantly evolving and hence the doctors who are not able to keep up with such a pace feel stagnated in their own role which adds to the feeling of personal inadequacy.

Factor 2 (REC, RA) –

Role expectation conflict occurs when conflicting demands originate from various role players such as colleagues, superiors, subordinates and peers. Similarly Role Ambiguity emerges when there is lack of clarity about the demands of the role. Both these role have loaded on factor two and hence comprises of reasonable understanding. Medical doctor have to fulfil various expectations such as patients, superiors peers, etc. It is pertinent to note that within the context where in medical practice has driven to higher level of transparency and efficiency, the pressure to perform under time constraints etc leads to a feeling to not being in a position to satisfy all role occupants. Role Ambiguity emerges strongly where in there is higher presence of expectation and

lack of clarity of the role in performance. More specifically in a situation where in doctors have to operate more than the prescribed patient and also have to be on call round the clock leads to feeling of being out of control within ones role.

Factor 3 (RE, RO)

Role Erosion arises when a role occupant experience that other role members are performing certain function, which are part of his or her role. Doctor conducting surgery sometimes feel that a junior consultant has posted cases when in practice the surgeons should have diagnosed the patient. Hence in such a situation the surgeon feels that his role is eroded. In situation where the doctor lacks a proper post operative team, he or she may feel overburdened to follow up with the entire unit of patients just operated etc.

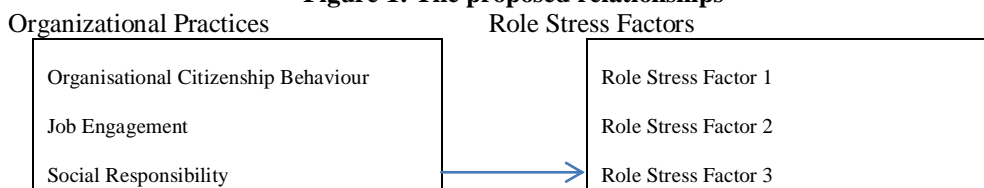
Organizational Practices and Organizational Role Stress:

H1: Social Responsibility practices help reduce Factor 1, Factor 2 & Factor 3

H2: Job Engagement practices help reduce Factor 1, Factor 2 & Factor 3

H3: Organisational Citizenship Behaviour practices help reduce Factor 1, Factor 2 & Factor 3

Figure 1: The proposed relationships



Multiple regression analysis is performed keeping the 3 factors as dependent variables and the organisational practices factors as independent variables. In the following table 5 the organisational practices studied are Social Responsibility, Job Engagement and Organisational Citizenship

Table 5: Regression Summary									
	Factor 1		Factor 2		Factor 3		Total Role Stress		
R Square	.240		.099		.021		.242		
Beta Co-efficient	UnStd	Std	Unstd	Std	unStd	std	UnStd	Std	
Social Responsibility	-.029**	-.257**	.008	.067	-.010	-.088	-.441**	-.184**	
Job Engagement	-.055**	-.461**	-.046**	-.391**	-.009	-.078	-.1379**	-.547*	
OCB	-.158**	.031**	-.115**	.034**	-.067*	-.036*	-4.074**	-.252**	

*p<0.05 **p<0.01

Table 5 reveals the regression summary of the organizational practices such as Social Responsibility, Job engagement, and Organizational Citizenship Behaviour explaining 24% for Factor 1, 09% for Factor 2 and 2.1% for Factor 3 and 24.2% for Total Role stress.

Social Responsibility is noticed to have influenced Factor 1 and Total Roles stress with a (standardized $\beta = -0.257$) and (standardized $\beta = -0.184$).

Job engagement was found to have a larger influence on Factor 1, Factor 2 and Total Role Stress with a (standardized $\beta = -0.461$), (standardized $\beta = -0.391$), and (standardized $\beta = -0.547$),

However Organizational Citizenship Behaviour influenced all roles tress factors including the total role stress with a (standardized $\beta = -0.031$), (standardized $\beta = -0.034$), (standardized $\beta = -0.036$), and (standardized $\beta = -0.252$).

H1: Social Responsibility practices help reduce Factor 1, Factor 2, Factor 3 and TRS

Social Responsibility reveals an influence on Factor 1 and Total Roles tress with a (standardized $\beta = -0.257$) and (standardized $\beta = -0.184$). The regression model is acceptable. Hence the hypothesis that “Social Responsibility practices help reduce Factor 1, Factor 2 & Factor 3” is partially true to Factor 1 and Total role stress. Within the Indian context many people follow charities and invest in social activities. However these intents are driven by varying interest. However while this factor did reveal some influence on the role stress dimension, it needs to be further investigated with a diverse sample capturing a larger body of perception and research evidences. Nonetheless while our conduct define our personality in the eyes of other it also define us in our own eyes (Benabou and Tirole, 2010).

H2: Job Engagement practices help reduce Factor 1, Factor 2, Factor 3 and TRS

Job Engagement is noticed to have an impact on Factor 1, Factor 2 and Total Role stress with (standardized $\beta = -0.461$), (standardized $\beta = -0.391$), and (standardized $\beta = -0.547$). The regression model is acceptable. Hence the hypothesis that “Job Engagement practices help reduce Factor 1, Factor 2 & Factor 3 is true to Factor 1, Factor 2, and Total Role Stress.

Organisational support in encouraging engagement would certainly bear fruit, since the nature of work culture influence engagement of its members (Victor & Cullen 1988; Trevino, 1990; Dickson, Smith, Grojean and Ehrhart, 2001; Dufresne, 2004). Other Research findings show that there is a significant and negative relationship between employee engagement and job stress (Iqbal, Khan and Iqbal, 2012).

H3: Organisational Citizenship Behaviour practices help reduce Factor 1, Factor 2, Factor 3 and TRS

The independent factor of Organisational Citizenship Behaviour impacts all the Role stress Factor and Total Role stress with (standardized $\beta = -0.031$), (standardized $\beta = -0.034$), (standardized $\beta = -0.036$), and (standardized $\beta = -0.252$). The regression acceptable. Hence the hypothesis that “Organisational Citizenship Behaviour practices help reduce Factor 1, Factor 2, Factor 3 and TRS” stands fully confirmed. There has been a welcome to corporate citizenship not only within society but also to be practiced in businesses (Maignan and Ferrell, 2000) and hence medical organisation should encourage the integration within their behavioural practices. Studies have revealed integration – is a form of corporate self regulation integrated into a business model (Grit, 2004; Kell, 2005; Lam, 2009; Maxfield, 2008; Okoye, 2009; Torres-Baumgarten and Yucetepe, 2009; Wood, 1991).

IV. Conclusion

The direction of the literature review added supported by the research findings of this study indicates that Organisational Citizenship behaviour as a practice has a larger influence in reducing role stress factors. However the other practice such as Job Engagement and Social responsibility has also show partial influence in reducing role stress factors. The findings are of immense importance to the community of doctors and organisation can certainly take a clue to enhance such practices so as to reduce organisational role stress.

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